

Institutional Scholarship Appeal Request

2024-2025 Award Year



FINANCIAL AID AND SCHOLARSHIPS

Student's Name (Last, First, MI)

myWSU ID Number

Phone Number

Scholarship progress is based on the number of credit hours you completed/earned and your cumulative/semester grade point average. If extenuating circumstances prevented you from meeting the requirements for your institutional scholarship(s), you may appeal the withdrawal or non-renewal. **This form is to assist you in filing an appeal for institutional scholarships awarded through the Office of Financial Aid only.** Any scholarships awarded through your academic college must be handled through that colleges' scholarship coordinator.

TERM	PRIORITY DATE TO SUBMIT	FINAL DEADLINE
Summer 2024	May 31, 2024	June 14, 2024
Fall 2024	June 28, 2024	August 30, 2024
Spring 2025	November 29, 2024	February 3, 2025

Check one appeal term: Summer 2024 Fall 2024 Spring 2025

Before Appealing, consider the following >>>

- ➔ By completing this form, you are requesting a one-time exception to the institutional scholarship guidelines to have your scholarship(s) reinstated.
- ➔ Appeals are reviewed in the order they are received.
- ➔ This is an appeal process, and your case may be denied.
- ➔ The Office of Financial Aid reserves the right to obtain a copy of your unofficial academic transcript.
- ➔ Reinstatements may be based on funding availability.
- ➔ Funds will not be available until the appeal has been approved.
- ➔ If your request is approved your scholarship(s) will be reinstated, however we do not guarantee funds will be available during fee payment. You must make other arrangements until funds become available.
- ➔ Circumstances for any subsequent appeals must be different.
- ➔ All decisions are **final**.

INCOMPLETE APPEALS WILL NOT BE APPROVED.

Instructions >>>

1. Include the following with your appeal

- Include the name of the scholarship(s) to be considered within this appeal.
- A **TYPED** letter of appeal explaining your extenuating circumstances (something beyond your control).
- Supporting documentation for extenuating circumstances (i.e. letter from academic advisor, doctor, etc.)
- A copy of an Academic Plan created by you and your academic advisor or Success Coach.

2. Submit this appeal form, your letter, supporting documentation, and your signed academic plan to the WSU Office of Financial Aid & Scholarships.

Signature and Affirmation >>>

Warning: If you receive a scholarship based on incorrect information, you may have to return the funds. If you purposely give false or misleading information in your appeal, we reserve the right for immediate denial of your scholarship(s).

Affirmation: By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation.

- ➔ Please allow 2-3 weeks for processing. Processing cannot begin until all requested documentation has been received.

Student's Signature

Typed Signature cannot be accepted.

Date

Student's Printed Name

1845 Fairmount Street | Wichita, KS 67260-0024
(316) 978-3430 | (855) 978-1787

wichita.edu

Revision Date: 3/19/2024

Tracking Code: SCHAPL

Institutional Scholarship Appeal Request Academic Plan

2024-2025 Award Year



FINANCIAL AID AND SCHOLARSHIPS

Student's Name (Last, First, MI)

myWSU ID Number

Academic College

Degree

Major Anticipated

Graduation Date

INSTRUCTIONS >>>

This form must be completed by you and your academic advisor.

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

*Additional pages may be submitted as needed.

Signature and Affirmation >>>

Warning: If you receive a scholarship based on incorrect information, you may have to return the funds. If you purposely give false or misleading information in your appeal, we reserve the right for immediate denial of your scholarship(s).

Affirmation: By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation.

Advisor's Printed Name

Advisor's Signature (Required)

Date

Typed signature cannot be accepted.

Advisor's Phone Number

Student's Signature (Required)

Date

Typed signature cannot be accepted.