



SCHOLARSHIP APPEAL FORM

STUDENT'S NAME (printed) _____ STUDENT NO. _____
ADDRESS _____ PHONE # _____
CITY _____ STATE _____ ZIP _____ EXPECTED GRAD DATE _____

PURPOSE OF THIS FORM

The purpose of this form is to appeal for the continuation of your academic scholarship for the 2009-2010 academic year. You must appeal because you have not met the required GPA to renew the scholarship, because you have not met the full-time requirement during the 2008-2009 academic year, &/or because you have exhausted your semesters of eligibility.

INSTRUCTIONS

Answer the three questions below completely. Be specific. Attach a separate piece of paper &/or supporting documentation as necessary. Return this form to the above address by **July 10, 2009**, for consideration.

SCHOLARSHIP APPEALS RECEIVED AFTER THIS DATE WILL NOT BE CONSIDERED.

1. Which scholarship(s) are you appealing? (You may submit one appeal for all scholarships from the Office of Student Financial Aid and Scholarships.)
2. Why were you unable to complete the required hours and/or why were you unable to achieve the minimum required GPA to renew your scholarship(s)?
3. What measures have you taken to resolve the aforementioned circumstances and to assure improved performance in the future?

RETURN COMPLETED APPEALS TO THE OFFICE OF STUDENT FINANCIAL AID NO LATER THAN JULY 10, 2009.

327 Millennium Student Center

One University Boulevard

St. Louis, MO 63121