



You may type on this form.
Scholarship Appeal Form
YOU MUST COMPLETE STEPS 1-6

Student Financial Aid Office
University of Louisville
Louisville, KY 40292
Phone: 502-852-5511
Fax: 502-852-0182

1) Type your Name and Student ID Number below:

Name:

Student ID Number:

2) Indicate type of award (check all that apply):

- Trustees/Vogt Porter National Scholar

3) Indicate the reason for your appeal (*Check all that apply*):

- GPA
 Extension of Scholarship: Fall Only Spring Only Fall and Spring

4) Attach a typewritten letter that explains the unusual circumstances that prevented you from meeting the renewal criteria.

5) Attach supporting documentation. *Please do **not** submit the original documentation, but submit copies. Examples of documentation are as follows: doctor's statement, medical bills, and/or letter of support from an objective third-party.*

6) If you have not already done so, complete the 2017-2018 FAFSA at www.fafsa.gov. *Must be on file with Student Financial Aid Office by the appeal deadline of June 1, 2017. The Student Financial Aid Office does not receive this data immediately; if you have not completed this step prior to May 15, attach a copy of your confirmation and summary pages.*

I certify that I have completed steps 1-6. I understand that the appeal form, a type written appeal letter, supporting documentation, and the 2017-2018 FAFSA must be on file with the Student Financial Aid Office by June 1, 2017 to be considered for this appeal.

Signature _____ Date _____

Office Use Only

TRSTAP In Progress

Student Group:

Semesters Used:

Total # Prior Appeals:

Last Year Awarded:

Cum GPA:

Appeals Approved:

17-18 FAFSA: Yes No

EFC: _____

Appeals Denied:

Latest appeal decision:

Committee Member 1:

Committee Member 2:

Committee Member 3:

Approved Denied

Approved Denied

Approved Denied

Initials:

Initials:

Initials:

Comments: _____

Comments: _____

Comments: _____

Approved Award _____ % \$ _____ TRSTAP Complete Awarding Complete