



## KU Scholarship Appeal Form

### Purpose of this form

This form is to appeal for the reinstatement of your KU scholarship. You must appeal if you did not meet the terms or criteria of the scholarship. Please indicate which situation applies to you and provide documentation. Only appeals with documented circumstances will be considered. The deadline for a completed appeal with documentation is \_\_\_\_\_

NAME: \_\_\_\_\_ KU ID#: \_\_\_\_\_

Name of Scholarship: \_\_\_\_\_

**Scholarship Appeal Reason and Required Documentation must be attached. (Please select which one applies):**

Personal injury or illness.

- Personal letter explaining the health condition and how it prevented you from meeting the scholarship requirements **AND**
- Letter needed from a physician on letterhead detailing duration of the health condition, how it may have affected academic performance and confirmation that the medical condition should not significantly impair future performance

Death or serious injury of a family member

- Personal Letter explaining relationship of the family member and how it prevented you from meeting the scholarship requirements **AND**
- Documentation for a death would include an obituary, death certificate or funeral program **OR**
- Documentation for an illness would include a physician letter on letterhead detailing the duration and extent of the health condition

Traumatic/Extraordinary event

- Personal letter explaining the event and how it affected your academic performance and why future performance will not be impacted **AND**
- A letter from a 3<sup>rd</sup> party attesting to the extenuating circumstance, preferable from a professional such as a counselor, university employee or clergy member. Police reports can be submitted in lieu of a letter if the event was crime related

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use only:

\_\_\_\_\_ Approve \_\_\_\_\_ Deny Date \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_