

1401 E. University Blvd.
Admin. Bldg. Rm. 208
P.O. Box 210066
Tucson, AZ 85721-0066

Phone
520.621.1858

Fax
520.621.9473

Email
askaid@email.arizona.edu

Scholarship Appeal Form

Name (Last, First, MI)	UA Student ID (8 digit)
Email	Phone () -

Check all boxes below that apply:

Reason for Appeal Request:

- **My own: Medical/ Physical illness or Injury or Disability –See Procedures**
- Personal Reasons
- Family, including death of a family member
- Other: _____ (please describe)

Eligible Awards: (please check your award)

- | | |
|--|---|
| <input type="checkbox"/> Arizona Assurance | <input type="checkbox"/> Flinn Finalist Scholarship |
| <input type="checkbox"/> Arizona Excellence | <input type="checkbox"/> Sonoran Tuition Award |
| <input type="checkbox"/> Wildcat Excellence | <input type="checkbox"/> Raytheon Tuition Award |
| <input type="checkbox"/> Regents High Honors (AIMS) | <input type="checkbox"/> Marshall Women's Scholarship |
| <input type="checkbox"/> All-Arizona Academic Team | <input type="checkbox"/> National Hispanic Scholarship |
| <input type="checkbox"/> Baird Scholarship | <input type="checkbox"/> National Achievement Scholarship |
| <input type="checkbox"/> President's Award for Excellence | <input type="checkbox"/> National Merit Semi-Finalist Scholarship |
| <input type="checkbox"/> UA Phi Theta Kappa Scholarship | <input type="checkbox"/> National Merit Finalist Scholarship |
| <input type="checkbox"/> Transfer Academic Achievement Award | |

Actions Required: (you must check all items before submission)

- I have read the Scholarship Appeal Review Process at:
https://financialaid.arizona.edu/scholarships/forms/Scholarship_Appeal.aspx
- I have attached a personal statement explaining my circumstances. (1 page maximum)
- I have attached all required documents that relate to my circumstances, as stated in the Appeal Policy.
- I have completed this form entirely, checked all applicable boxes, and filled in all information requested.

CERTIFICATION

All of the information provided with the submission of this appeal is true and complete to the best of my knowledge. If necessary, I agree to provide further proof of the information that I have given. I understand that submission of an appeal does not guarantee approval, and that my appeal may be denied for failure to substantiate my circumstances or for a lack of documentation.

Student's Signature

Date