

Appeal Application

(Scholarships, Obama Scholar and ASU College Attainment Grant Program only)

Academic Year

If you need assistance with completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.

STUDENT INFORMATION

Last Name	First Name	Middle I.	10-Digit ASU ID	
Local Street Address	City	State	Zip Code	Daytime Phone Number

INSTRUCTIONS

You may be eligible to submit an appeal only **if you experienced significant, extenuating circumstances beyond your control**. If you experienced other challenges, such as difficulty with classes, time management, work or family responsibilities or other co-curricular commitments, be aware that these are not considered extenuating circumstances. In these cases, consult your academic advisor and utilize ASU resources to ensure that you receive the guidance and assistance necessary to remain on track to graduate.

1. Complete Section A and B below.
2. Meet with your ASU academic advisor and have your advisor complete Section C below.
3. Attach a personal statement describing in detail the reasons or circumstances that warrant a review of your scholar/program eligibility.
4. Attach supporting documentation of your extenuating circumstances. Any documentation that supports your statement will assist in our review. Failure to substantiate your circumstances may result in your appeal being denied for lack of documentation.
5. If clarification of your situation is necessary, additional information or documentation may be required.
6. **This form will not be processed if any items are left blank or illegible.**
7. Use blue or black ink only. Please type or print clearly.
8. Retain a copy of all submitted material; material will not be returned to you.
9. **Submit this form by fax to 480-965-9484, mail to P.O. Box 870412, Tempe, AZ 85287-0412 or in person to any of the Financial Aid and Scholarship Services office locations.**

SUBMISSION DEADLINE

This request must be submitted **no later than close of business on July 1**. Late requests will not be accepted. Incomplete and late applications will not be processed. Students are responsible for meeting all deadlines for submitting additional documentation requested by Financial Aid and Scholarship Services. Eligible students on fall semester conditional approval must submit their appeal no later than December 31. Please plan accordingly if you experience a delay in your scholarship being applied to your outstanding ASU charges. You will be responsible for any resulting late charges.

ELIGIBLE SCHOLARSHIP & FINANCIAL ASSISTANCE PROGRAMS

This appeal can only be used for consideration of reinstatement of the following scholarship programs:

- Academic Decathlon Scholars
- All-Arizona Academic Team Scholars
- ASU College Attainment Grant
- ASU Scholastic Award
- Dean's Scholars
- Flinn Finalist Scholars*
- Leadership Scholars
- National Achievement Scholars
- National Merit Scholars
- National Hispanic Scholars
- President Barack Obama Scholars program
- President's Scholars
- Provost's Scholars
- Regents High Honors Endorsement (RHHE)
- Sun Devil Scholars
- University Scholars

*This only applies to Flinn Scholarships awarded by Arizona State University.

Section A: APPEAL INFORMATION AND TERMS

<input type="checkbox"/> Medical: Applies if you experienced serious medical concerns. This form must be accompanied by an original letter from your health care provider, documenting the date of onset of illness, dates of medical care, general nature of your medical condition, why/how it prevented completion of your course work, date of your anticipated return to school, and the last date you were able to attend class. The original letter must be typed on your health care provider's letterhead stationery and submitted in a sealed envelope.
<input type="checkbox"/> Compassionate: Applies if you experienced extraordinary personal circumstances beyond your control, such as care of a seriously ill child/spouse or death in your immediate family that prevented you from continuing classes. This form must be accompanied by credible documentation appropriate to your situation, along with a detailed outline chronicling dates of the event(s). In some cases, documentation may be similar to a scholar appeal for medical reasons; depending on your situation, required/acceptable documentation may include court documents, police reports, legal documents (restraining orders), newspaper clippings, etc.
Appeal Submitted for (Please check all that apply) <input type="checkbox"/> ASU Merit Scholarship <input type="checkbox"/> President Barack Obama Scholars Program <input type="checkbox"/> ASU College Attainment Grant Program
Please initial each line indicating that you meet the following terms: I experienced extenuating medical or compassionate circumstances and understand that challenges such as, but not limited to, difficulty with classes, time management, and work/family/co-curricular responsibilities are not considered extenuating circumstances. _____ I have submitted a complete scholar appeal, along with a letter, documentation and advisor certification by July 1 (for students appealing for the fall semester), or December 31 (for eligible students on a fall conditional approval). _____ I understand that changes to my scholar-eligibility will result in a change to my federal, state and/or institutional financial aid. _____

Last Name	First Name	Middle I.	10-Digit ASU ID
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SECTION B: CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid.

Student's Signature	Date form was signed
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Section C: ASU ACADEMIC ADVISOR STATEMENT

All students are required to meet with their academic advisors before submitting a scholar appeal in order to have the opportunity to discuss such items as: academic success resources on campus (e.g., learning resource centers, Writing Center), study strategies, time-management tips, credit hour requirements, degree progress and other campus resources related to the student's individual situation (e.g., Student Health Center, Counseling and Consultation).

Please briefly provide details of your meeting with the student. While the information provided is a critical component of the evaluation process, completion of this section is not considered an endorsement or recommendation of the student's appeal. This appeal will not be accepted if this section is not complete.

ASU Academic Advisor's Name (Please print.)	Phone Number	Advising Appointment Date
Academic Department	E-mail Address	

Scholar Appeal Type (Please see Section B for descriptions. Please check one.)

- Medical: Applies if student experienced serious medical concerns.
- Compassionate: Applies if student experienced extraordinary personal circumstances beyond their control that prevented their continuing classes.

Describe Your Most Recent Interaction With the Student

Provide Information Regarding the Academic Plan for the Student to Get Back on Track

Additional Information To Be Considered

ASU Academic Advisor's Signature	Date form was signed
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