

2022-23 USFA University Scholarship Eligibility Appeal Form

| Student ID Number: Student's Full Legal Name: (Please print clearly) | | Email: | | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------|--|
| | | Last | First | Middle | |
| | | | | for University Scholarships administered cholarships and Financial Aid (USFA). | |
| <u>No</u> | te: This appeal form is not | for college or departme | ental scholarships ar | nd does not replace a SAP appeal. | |
| 1.) | Please check what you are | e appealing for: | | | |
| | ☐ I received(Lis | ceived and wish to appeal to maintain eligibility in the upcoming year. (List all scholarships that apply) | | | |
| | I did not have a University Scholarship but am petitioning to maintain eligibility for consideration in the upcoming year. I understand that submitting this appeal does not mean I will be awarded a scholarship. | | | | |
| 2.) | Please check the reason(s) applicable to your appeal: | | | | |
| | I did not file a FAFSA for the upcoming year by the priority deadline, March 1 | | | | |
| | I did not earn the required cumulative 3.0 GPA | | | | |
| | ☐ I will not earn at least 30 credits in the academic year | | | | |
| | ☐ I will not earn at least 30 credits at VT; however, I have enrolled in transferable summer classes at another institution. | | | | |
| То | submit an appeal, you must | provide the following in add | dition to this form: | | |
| - | A detailed letter that is typed explaining your petition for eligibility and what actions you have taken to correct the situation. Appeals will not be reviewed without a detailed letter . (Optional) Enclose copies of supporting documentation (such as death certificate or statements from medical doctors advisors, psychologists, etc.) | | | | |
| I ur | | | | nd the submission of this form does not by email at the address provided. | |
| Student's Signature | | | | Date | |
| | For the security of | | | ffice of University Scholarships and | |

Financial Aid does not accept completed forms sent via email. Please return completed forms to us via the document uploader, https://finaid.vt.edu/documentuploader.html, or by fax, 540-231-9139.