Scholarship funds are provided to recruit and retain students at UNCW. When one is not renewed, it’s typically reallocated to another student. Therefore, submission of this form does not guarantee approval, even if the grounds for the appeal are found to be valid. The decision to grant an appeal is directly related to the availability of funds for the scholarship.

INSTRUCTIONS

1. Read all instructions, fill out the Scholarship Appeal form completely, sign and date the Appeal form.

2. Attach a letter describing in detail the reasons or circumstances that merit a review of your scholarship eligibility. Your written statement must include a description of the problem/incident indicating dates and time period involved, as well as the impact on your academic performance.

3. Attach documentation supporting your appeal. If submitting statements from third party persons (e.g. clergy, employers, medical professionals, etc.) who can verify your extenuating circumstances, ensure that the information is on company/organization letterhead. Examples of supporting documentation may include, but is not limited to, divorce decrees, death certificates, letters from doctors, counselors, advisors etc.

4. Submit the completed appeal form, letter of explanation and supporting documentation to the University of North Carolina Wilmington, Office of Scholarships & Financial Aid, 601 S College Rd, Warwick Center Room 140, Wilmington, NC 28403-5951. Appeals can also be faxed to 910.962.3851 or emailed to scholarships@uncw.edu. All documentation must be received by June 1st of the year that the cancellation occurred.

5. You will be notified by email of the committee’s decision within three (3) business days. Incomplete appeals and/or requests for additional documentation will cause delays.
SCOLARSHIP APPEAL FORM

INSTRUCTIONS: Your scholarship appeal must be submitted to the Office of Scholarships & Financial Aid by June 1st of the year that the cancellation occurred.

Name ______________________________________________________  ID#________________________________________________________

Email _______________________________________________________________________________________________________

Phone # ___________________________ Expected Graduation Date __________________________

List the name of the scholarship(s) you are appealing:

_____________________________________________________________________________________

_____________________________________________________________________________________

Indicate what you are appealing:

☐ GPA  ☐ Hours Completed  ☐ Late FAFSA  ☐ Other ______________________

Indicate why you are appealing:

☐ Medical/Health  ☐ Family/Personal Matter  ☐ Other Extenuating Circumstance

I understand that this Scholarship Appeal:

1. Is a request for consideration and not a guarantee for the restoration of funding.
2. Will not be reviewed by the committee if the letter of explanation and supporting documentation are not submitted.

________________________________________________________________________________________

Student Signature       Date

OFFICE USE ONLY

Meeting Date ___________________________  Committee Representative ___________________________

Committee Decision __________________________________________________________________________

________________________________________________________________________________________

Scholarship Appeal 3/18