



**Office of Financial Aid and Education**  
 Montana State University  
 21 Montana Hall P.O. Box 174160  
 Bozeman, MT 59717-4160  
 (406) 994-2845 fax (406) 994-6962  
 finaid@montana.edu

## Scholarship Appeal

Do not submit appeal until you have been notified that a scholarship has been lost.

Student Name: \_\_\_\_\_ Student Full GID - 0 \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Scholarship appealing for: Premier / Achievement / WUE / MUS

The appeal is for which reason(s):

Required grade point average (GPA) is below minimum: \_\_\_\_\_

Required annual credits are below minimum: \_\_\_\_\_

Expiration of scholarship: \_\_\_\_\_

Acceptance of the scholarship outlined minimum GPA and credit hour parameters. Successful appeals require extenuating or unexpected circumstances that prevented you from achieving minimum program requirements for renewal. If you have incurred circumstances such as a family death, serious injury to self or family or some other extenuating circumstance, you have the right to appeal.

Attach a typed personal statement that contains a detailed description of the exceptional circumstances. Include documentation as appropriate and that helps support your appeal. The narrative should address the following:

- The nature and timing of the circumstances (e.g. injury or illness, death of a loved one).
- How the circumstances that affected your ability to meet the standards have been resolved.
- A positive resolution for how the circumstances will no longer be an issue should be included.
- What resources you intend to use to prevent the circumstances from occurring again.

**DEADLINES:** Appeals must be received in the Office of Financial Aid Services no later than November 15 for the Fall Semester, March 31 for the Spring Semester and June 30 for the Summer session. Appeals received will be reviewed as soon as possible but may take up to two weeks or more depending on the appeal volume at the time submitted. If your appeal has not been reviewed prior to the 15th class day, arrangements for accepting your student bill must be made with the assumption that you will have no aid.

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

Office Use
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