

Financial Aid Office Aber Hall, 5<sup>th</sup> floor 32 Campus Dr. Missoula, MT 59812-1254 Phone: (406) 243-5373 finaid@umontana.edu,

## Continuing Student Scholarship Appeal Form

The University of Montana is committed to providing a fair and consistent scholarship awarding process. This appeal form is for University of Montana Academic Achievement Scholarships, WUE, MUS Honors or other renewable scholarships that are awarded based on academic merit.

The Scholarship Appeals Committee recognizes that there can be extenuating circumstances that would require a review of an award, such as a major change, course changes, or unforeseen life events that may have impacted a student's academic performance. Please provide documentation that helps support your claim within your statement. Such as an academic plan, or documentation supporting unforeseen life event(s).

Once the committee reviews the scholarship appeal, an email will be sent to the student at their UM student email address regarding the decision or asking for additional information.

Name:	UM ID#:
Please indicate below which scholarship you are appealing	g.
$\square$ University of Montana Academic Achievement $\square$	☐ WUE ☐ MUS Honors
☐ Other	
Request For: Autumn Spring Year: 20	
Appeal Review Timelines and Deadlines:	
<ul> <li>Fall semester appeals begin being reviewed July 1</li> <li>Spring semester appeals begin being reviewed De</li> <li>Appeals must be submitted to the Financial Aid of student requests reinstatement of their scholarsh</li> <li>Explanation: Below, please provide a brief explanation of needed.</li> </ul>	ecember 1 <sup>st</sup> . ffice by the 15th class day of the semester that the hip, to be considered for that semester.
I certify that the above information is true and correct to	<del>-</del>
Student Signature	Date

For Office Use Only AY:\_\_\_\_ Emailed:\_