New 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 and WUE scholarships that are awarded based on academic merit. This is determined via high school GPA, or transfer GPA.

The Scholarship Appeals Committee recognizes that there can be extenuating circumstances that would require a review of an award, such as a revised GPA, 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 final transcripts, or documentation supporting unforeseen life event.

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#: 790-________

Please indicate below which scholarship you are appealing:

☐ University of Montana Academic Achievement    ☐ WUE

Request For:  ☐ Autumn   ☐ Spring   Year: 20_______

Appeal Review Timelines and Deadlines:

• Fall semester appeals begin being reviewed July 1st.
• Spring semester appeals begin being reviewed December 1st.
• Appeals must be submitted to the Financial Aid office by the 15th class day of the semester that the student requests reinstatement of their scholarship, to be considered for that semester.

Reasons for appeal:

☐ My GPA has improved, and I’ve attached a copy of my updated transcript to this appeal.

☐ Other (extenuating circumstances)

Explanation: Below, please provide a brief explanation of why you are appealing. Attach additional sheets if needed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

By signing below I certify that the above information is true and correct to the best of my knowledge.

Student Signature: ___________________________________________ Date: __________

Office Use only: -  AY: _____ Emailed: _____  APSCHL