Financial Aid Office
Lommasson Center 218
Missoula, MT 59812-1254
Phone: (406) 243-5373
Fax: (406) 243-4930
faid@mso.umt.edu

New Student Scholarship Appeal Form

Name:_____ UM ID#: 790-_____

E-Mail:_____ Request For: Autumn ☐ Spring ☐ Year:_____

Please indicate below which scholarship you are appealing.

☐ **University of Montana Academic Achievement**

☐ **WUE**

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 that are awarded based on academic merit. This is determined via high school GPA, or test scores (ACT/SAT), or transfer GPA.

The Scholarship Appeals Committee recognizes that there can be extenuating circumstances that would require a review of an award, such as new test scores, a revised GPA, or unforeseen life events that may have impacted a student's academic performance. These are only reviewed if requested by the student via this appeal form.

Please provide documentation that helps support your claim within your letter. Such as updated test scores, final transcript, documentation supporting unforeseen life event.

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

Explanation:

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

_____

_____

_____

_____

_____

_____

_____

_____

Signature:

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

Student Signature: _____ Date: _____

Office Use only

AY:_____ Emailed:_____