



### Admissions Office Scholarship Appeal /Hold Request

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please check the exception which reflects what you are requesting:**

- Exception to Grade Point Average (GPA) Requirement
- Exception to Credit Hours Requirement
- I would like to place a hold on my scholarship for \_\_\_\_\_ Terms.

**Steps for requesting an appeal / hold on an institutional scholarship:**

- Complete the information below and use as the cover letter for the request.
- Type a separate letter of extenuating circumstances and attach appropriate documentation substantiating the reason for your request.
- Mail, E-mail, or Fax to the Admissions Office (addresses below). (Electronic signatures not accepted)
- The Scholarship Appeals committee will review and evaluate the request and documentation and will make a decision based on institutional policy. The student will be notified in writing when a decision has been made. All decisions are final.

**Please select the Scholarship for which you are appealing:**

Church Matching \_\_\_\_\_ CLC Scholarship \_\_\_\_\_ Family Scholarship \_\_\_\_\_ Homeschool \_\_\_\_\_  
 International Friendship \_\_\_\_\_ KE Alexander \_\_\_\_\_ Narrow Gate \_\_\_\_\_ Non-Traditional \_\_\_\_\_ Roaring Lamb \_\_\_\_\_

**Please select the box which reflects the mitigating circumstance that exists/existed:**

- Medical**-Documentation must include medical records and a letter from a licensed medical professional indicating the nature of the condition and the timeframe in which the condition has or will impact the ability to complete the academic work.
- Military**-Documentation must include a copy of military orders.
- Religious/Humanitarian**-Documentation must include a letter of acceptance into the program and a letter from a religious leader or director of humanitarian project on official letterhead.
- Death in the family**- death must be documented
- Final Term**-Documentation must include a letter from advisor explaining individual circumstances.
- Other (Explain)** \_\_\_\_\_

Note: Any and all documents that are submitted to support this appeal will be reviewed by the Appeals committee, including medical records. By signing below, I authorize the release of information to the Appeals committee and authorized Financial Aid staff.

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

|                         |                 |            |
|-------------------------|-----------------|------------|
| <b>Office Use Only:</b> |                 |            |
| Action Taken _____      | Signature _____ | Date _____ |