

Appeal Form for SCC Academic Scholarships

This form must be filled out entirely and should include documentation, if at all possible.

Name _____
Address _____ City _____ State _____ Zip _____
ID _____ E-Mail _____
Date _____ Phone # _____

Scholarship Name _____

Scholarship Requirement Problem:

- ☐ Cumulative Grade Point Average (GPA) below requirement
☐ Enrollment hours dropped below full-time (12 credits)
☐ Not Continuously Enrolled (Had a break in attendance)

Reason For Not Meeting Satisfactory Academic Progress Standards:

- ☐ Personal illness (*provide documentation*)
☐ Family illness (*provide documentation*)
☐ Death in family (*provide documentation*)
☐ Other (*please write a brief description here*)

Relationship: _____

Relationship: _____

Please Attach A Detailed Description of Circumstances Causing You To Fail to Meet Scholarship Requirements, as well as Any Supporting Documentation.

(Please type, print, or write very legibly and include a handwritten signature and date.)

Student Signature

Return this form, letter, and documentation to:

Financial Aid Office
Shawnee Community College
8364 Shawnee College Road
Ullin, IL 62992
Phone: (618) 634-3200, Option #1, Option #2
E-mail: finaid@shawneecc.edu

Financial Aid Office Use Only

Date Received: _____
Appeal Granted: ☐
Appeal Denied: ☐
Date of Meeting: _____