



SCHOLARSHIP ADVISORY COMMITTEE  
REQUEST FOR SCHOLARSHIP APPEAL

Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Year Student Graduated from High School \_\_\_\_\_ Semester of Appeal \_\_\_\_\_

I wish to appeal for re-instatement of my: (Please specify scholarship)

Trustee: \_\_\_\_\_

Presidential: \_\_\_\_\_

Diversity Incentive Award: \_\_\_\_\_

Non Traditional Incentive Award: \_\_\_\_\_

Other: \_\_\_\_\_

Please answer the following questions that relate to your appeal.

What are the unusual or extenuating circumstances that explain why you haven't maintained the necessary grade point average required for your scholarship; or why you haven't completed the required number of classes necessary to maintain your scholarship eligibility?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your curriculum (degree program) at LCCC? \_\_\_\_\_

What plan do you intend to implement to ensure that you meet the minimum scholarship requirements semester?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* If you are a student transferring from another school, we will need a transcript from that school. Please attach to appeal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*If you need more space than provided on this sheet, please write on an additional paper and attach.**

**OFFICE USE ONLY**

**COMMITTEE APPEAL REVIEW**

<b>Refer to Counselor to complete an Academic Plan</b>	<b>Refer to Counselor or Academic Advisor for Student Success Contract</b>	<b>Approved</b>	<b>Denied</b>	<b>Comments</b>