



SCHOLARSHIP ADVISORY COMMITTEE
REQUEST FOR SCHOLARSHIP APPEAL

Name: _____ Student No.: _____

Address: _____ Date: _____

_____ Semester of
Appeal: _____

- I wish to appeal for reinstatement of my: (Please check one)**
- Trustee Scholarship** _____
 - Presidential Scholarship** _____
 - Diversity Incentive Award** _____
 - Incentive Award for Non-Traditional Students** _____
 - 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 next quarter?

If you need more space than provided on this sheet, please write on additional paper & attach.

Provide documentation that supports your appeal wherever possible (i.e., Dr.'s excuse, etc.)

Student's Signature: _____ Date: _____

