

HOPE AND INSTITUTIONAL SCHOLARSHIP APPEAL REQUEST FORM

| Student Last Name | First Name | MI | UT ID Number | | | | | | | | | | | | | | | |
|-------------------|------------|----|--------------|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | 0 | 0 | 0 | - | | | | | | | | | | | | |

I would like to file an appeal with the Office of Financial Aid & Scholarships based on changes in my eligibility status or my circumstances have changed. I would like to request an appeal for the following award(s):

| Awards <i>(Please check box(es) below)</i> | | |
|--|---|---|
| <input type="checkbox"/> | Loss of Merit Scholarship (Volunteer, Chancellors, etc.) | |
| <input type="checkbox"/> | Loss of Pledge Scholarship | |
| <input type="checkbox"/> | Loss of Promise Scholarship | |
| <input type="checkbox"/> | HOPE Scholarship | <input type="checkbox"/> Program longer than 120 Credit hours <input type="checkbox"/> Leave of Absence/Co-Op <input type="checkbox"/> Eligibility Appeal/Non-Continuous Enrollment/Withdrawal <input type="checkbox"/> Drop Full-Time to Part-Time <input type="checkbox"/> Drop Part-Time to Less than Part-Time <input type="checkbox"/> Review of HOPE GPA |

Please provide a brief summary of the circumstances surrounding your reason for appeal. You may attach additional pages.

Student Signature

Date