



Academic Scholarship Appeal Form

A. Student Information

Last Name	First Name	MI	Student ID
Address	City	State	Zip
Appeal Term(s) for Scholarship(s): Fall 20____ Spring 20____			

B. Purpose

APPEAL: To be completed for circumstances after scholarship cancellation

My scholarship has been denied/cancelled for lack of academic progress due to:

- Completing less than 24 hours in the academic year
- Not acquiring at least a 2.0 GPA in the academic year (unless a higher GPA is required by your scholarship)

Important Note: Acceptable appeals include reasons such as these: Death in the immediate family, sickness, extenuating circumstances as accepted by the appeals committee.

C. Documentation Required (PDF or Word Format)

Including, but not limited to:

- A personal statement from the student detailing the reason for the appeal
- Documentation from appropriate medical or academic professional to support the request (i.e. Physician, Academic Advisor)

D. Certification Statement

By signing this statement I understand that appeals are decided on a case-by-case basis by the Scholarship Committee. I understand the submission of this form does not constitute approval of my request. I understand I will be notified once the decision has been made. If for any reason my circumstances change, I will notify the Office of Financial Aid.

Any fees I may owe the college are due on the date specified regardless of the status of my appeal.

Signature _____ Date ____/____/____

Submit this form with supporting documentation to the Louisiana College Office of Financial Aid, OR email to financial_aid@lacollege.edu, fax all components to (318) 487-7449, or mail to:

Louisiana College
Office of Financial Aid
1140 College Drive
LC Box 582
Pineville, LA 71359