



Merit Scholarship Appeal Form

PART I: Student Information

Last Name	First Name	MI	Washington College ID #
Street	City	State	Zip
Student's e-mail address	Student's Cellphone #	Home Phone#	

PART II

Name of Scholarship: _____

Desired Semester(s) for reinstatement of scholarship: _____ Cumulative GPA: _____

Reason for Appeal (check appropriate):

- Deficient GPA
 Other (*describe*): _____

Extenuating Circumstances (check appropriate):

- Serious health condition
 Death or serious health condition of an immediate family member
 Traumatic/Extraordinary event
 Other

PART III

In order for the appeal to be considered by the Scholarship Committee, it is the **student's responsibility** to:

- a. Complete Scholarship Appeal form;**
- b. Attach a letter explaining the extenuating circumstances;**
- c. Attach any supporting documentation; and**
- d. Attach Unofficial Transcript from non-WAC school – only needed if appealing after leaving WAC and attended another school.**

PART IV

The student must provide to the Scholarship Committee any and all evidence, which the student believes, satisfies the burden of proof. The Scholarship Committee will consider any and all evidence provided concerning such claim, but will not necessarily regard any single item of evidence as conclusive evidence. I understand that my appeal may not be granted and all decisions are final; therefore, I must take the necessary action to secure funds that will cover my educational expenses at Washington College.

Student Signature

Date