2016-2017
Scholarship Appeal Form

Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street - MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Student Name: _____ UIN: _____
Last First MI

Current Address: _____
Street City State

The Office of Student Financial Aid has established an appeal process for students to submit an appeal if they did not meet renewal requirements for previously awarded scholarships. Appeals will be approved only in highly exceptional situations.

Appeals will be reviewed as they are received and you will be notified of a decision within two weeks of submitting your appeal. The deadline for submitting an appeal is as follows:

Fall 2016 – October 15, 2016
Spring 2017 – March 15, 2017

Name of Scholarship: _____

Please provide a detailed reason for your appeal. Feel free to attach any documentation that may support this appeal:

I certify that the information given on this form and on any attached pages is true and accurate.

_____
Student's Signature Date