Students who experienced extenuating circumstances (usually defined as something beyond the student’s control) may petition for reinstatement of eligibility by completing the appeal procedure outlined below.

In order to continue receiving an institutional scholarship or remission, the student must be fulfilling the criteria of the scholarship detailed in the original acceptance letter or athletic contract. Submission of an appeal does not guarantee approval of scholarship re-instatement.

Advisor’s statement for athletics, vocal, music, theater, journalism, etc. remissions must include a statement of support from the appropriate coach or instructor.

Appeals should be submitted as soon as possible following notification of suspension, but no later than mid-term of the semester for which the student is requesting aid.

APPEAL PROCEDURE:

✓ Complete ALL required information on the appeal form.

✓ Attach a typed (or neatly hand-written), signed statement that explains your circumstances.

✓ Attach documentation to support your circumstances (i.e. a letter from your physician to document medical circumstances). This documentation must be retained in your financial aid file, so please do not submit originals.

✓ Students must meet with the appropriate coach, sponsor, or advisor to develop an educational plan. Be sure to have the appeal form filled out completely before your advising meeting. Have your coach, sponsor, or advisor complete the appropriate section on the bottom of the appeal form or submit a separate typed statement on your behalf.

✓ Once your appeal is complete and all documentation collected, submit it to the Financial Aid Office. The Appeal Committee will review your appeal along with your academic and financial aid records to make a decision. Allow 30 days for review.

✓ You will be notified by mail once a decision is made.

Submit form and required documentation to:

WNCC Financial Aid Office • 1601 E. 27th Street • Scottsbluff, NE 69361
(308) 635-6011 • fax (308) 635-6732 • email: financialaid@wncc.edu
2015-2016 Financial Aid Scholarship Appeal Form

Name ____________________________ WNCC Student ID# __________
(please print)
Mailing Address, City, State, Zip __________________________________

DOB or Last 4 SSN digits _______________ Phone ______________________
E-mail __________________________________

Term for which you are requesting reinstatement:
☐ Fall 2015 ☐ Spring 2016 ☐ Summer 2016

Academic Goals:
Major Program of Study: _____________________________________________

Scholarship(s) for which you are appealing: ______________________________

Please read carefully, and follow the procedures below:

• All scholarships must be listed in order to be considered for an appeal. Please check your award letter on your MyWNCC portal to review the scholarships you are receiving.
• Attach a signed statement explaining the circumstances that have affected your academic performance. Include explanations for receiving deficient grades and/or reason for a cumulative GPA below that required of your scholarship. Also explain any circumstances that may have contributed to your withdrawing from classes. Explain what changes have taken place that will allow you to resolve the deficiencies and be successful in your education.
• Meet with coach, activity sponsor or appropriate advisor and have him/her complete the section below or attach a separate page.
• Attach outside documentation of your circumstances. For example, if you were ill or hospitalized, you might submit a letter from your physician or a copy of a hospital bill showing admit and discharge dates.

Student Signature & Date: ____________________________________________

Coach, Sponsor, or Advisor’s Certification & Comments:
The appropriate coach, activity sponsor or advisor must complete the following statement after meeting with the student and discussing the student’s past lack of progress and plans for improvement and future success. Please attach a separate sheet if needed or e-mail the Financial Aid Office directly. __________

Signature: ___________________________________________ Date: __________

Printed Name: ____________________________________________

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