



Division of Financial Aid

MERIT SCHOLARSHIP APPEAL

Name: _____ PUID#: _____

SCHOLARSHIP YOU ARE APPEALING FOR REINSTATEMENT: Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Beering Scholarship | <input type="checkbox"/> Stamps Foundation | <input type="checkbox"/> Emerging Leaders Scholarship |
| <input type="checkbox"/> Trustees Scholarship | <input type="checkbox"/> Presidential Scholarship | <input type="checkbox"/> Lilly Scholars at Purdue |
| <input type="checkbox"/> National Recognition Scholarship | <input type="checkbox"/> National Merit Scholarship | <input type="checkbox"/> Posse Scholarship |
| <input type="checkbox"/> Indy Scholars | <input type="checkbox"/> Other: _____ | |

The purpose of this form is to allow students to appeal for reinstatement of their merit scholarship due to experiencing *extraordinary circumstances* beyond their control, which may have affected their ability to maintain the required GPA or continuous enrollment. *Please note, only merit appeals submitted by the **student** will be considered.*

Extraordinary circumstances do not include the difficulty of class schedules or course work, adjusting to college life, or balancing classes with extracurricular activities. We encourage you to recognize these challenges and use the resources on campus to assist you. For example, speak with your Academic Advisor, seek out your Professor or Teacher's Assistant, attend scheduled study sessions, or seek out tutors in the department of your course. Because these resources are available to students and these situations are a part of students' shared experiences versus extraordinary circumstances, these reasons are not typically appealable.

REASON FOR APPEAL (Extraordinary/Unusual circumstances) Please check all that apply:

- ☐ **Death** of Family Member/Friend: Please provide a letter explaining your relationship to the deceased along with documentation which substantiates your circumstances; obituary notice or death certificate.
- ☐ **Illness/Medical Issue** of student or immediate family member: Please provide a letter explaining the circumstances along with documentation which substantiates the illness/medical issue, i.e., medical documentation, letter from physician, etc.
- ☐ **"Stop out"** due to medical issue, mission trip, Peace Corp. or etc.: Please provide a letter explaining your reason for not attending during a semester(s) along with any documentation which substantiates your circumstances, i.e., program information.
- ☐ **Break in Enrollment** due to an internship or coop program NOT THROUGH PURDUE: If you have registered for an internship or coop "class" for the semester, you do not need to complete an appeal. If your internship/coop program is not included in your enrollment/not through Purdue, complete the appeal with a copy of your offer letter that includes beginning and end dates of your experience off campus.
- ☐ **Other:** Please list your "other" reason below and provide a letter explaining your reason for appeal and provide any documentation that supports your circumstances.

Other Reason for Appeal: _____

Academic year and term(s) of funding requested: _____

Anticipated Graduation Date: _____

****Signature of Student:** _____ **Date:** _____

Return the completed appeal to the Division of Financial Aid office. Appeals may also be returned by mail, fax or e-mailed to scholarshipdfa@purdue.edu. Please allow 3 weeks for the committee to review your appeal.

Security reminder: Do not send your tax return documentation or documents that have your social security number on them via our email address. Email is not secure for this type of information.

FM350 (Revised 4/21/25)
MA#