



MERIT SCHOLARSHIP APPEAL FORM

The Office of Financial Aid can make an exception to the GPA or enrollment requirement in individual cases if the student can demonstrate that their failure to meet the minimum standard was caused by an **extreme or unusual circumstances beyond the student's control**. If there were unusual circumstances that affected the student's studies, they have the right to appeal.

The Appeal's Committee will review and determine approval or denial of appeal. If appeal approved, the student may have his/her eligibility reinstated for one year probationary period. Students who do not meet minimum requirement after the probationary period, will no longer be eligible to receive the merit scholarship.

Deadline:

The appeal must be submitted 10 days after the student's notification that they did not meet the conditions of their warning period. If you need additional time, contact our office via email at financialaid@hbu.edu.

Required Documentation:

1. Merit Scholarship Appeal Form, completed and signed.
2. A letter (no longer than one page) explaining the unusual circumstances and how they affected your ability to meet the minimum requirement, and what has changed in your situation that would allow you to meet the minimum requirement at the next evaluation. **Do not discuss in your appeal your need for financial aid as part of your rationale for reinstatement of scholarship. It is assumed that any student filing an appeal is doing so based upon financial need.**
3. Provide supporting documentation that proves your unusual circumstances during the semester for which an appeal is being made. For example, if the reason is medical, a letter from a physician or copies of medical bills. The letter should state the medical problem, when it occurred and whether it will interfere with future school attendance. This documentation cannot be from another student, parent or spouse.

A decision regarding the appeal will be based upon the information provided at the time the request is submitted. You will receive a written notification of the decision. If a decision has not been made on your appeal by the time classes begin, you will need to make payment arrangements with the Office of Student Accounts or you may be dropped from your classes. All decision are final.

Once form is completed submit to FinancialAid@HC.edu



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Name (Print):		Student ID (H#):	
Address:			
City:	State:		Zip:
Telephone:		Email:	
Academic Year: Which semester will you be attending next? (check one)			
<div>Summer</div> <div>Fall</div> <div>Spring</div>			
The information provided on this form, in my written statement and all accompanying documentation is accurate and complete to the best of my knowledge. I also agree to provide additional documentation if requested by the Financial Aid Office.			
Student Signature :		Date:	



ACADEMIC PLAN OF STUDY

The plan must list at a minimum the courses that you will take in each remaining term(s) of the year you return to school. Asterisk any repeat courses.

THE PLAN OF STUDY MUST BE SIGNED BY THE ACADEMIC ADVISOR

Fall 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

Spring 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

Summer 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

This student will graduate upon completion of this Academic Plan. Graduation Date:_____

Academic Advisor's Printed Name:	Email:
Academic Advisor's Signature:	Date: