**Due date: All appeals are due by the end of the fourth week of the semester**

**Last Name** **First Name** **Student ID #**

**Address (include street, city, state and zip code)**

**Phone Number Franklin Email Address**

**Check all boxes that apply below:**

**Reason for not meeting renewal requirements:**

Below cumulative GPA requirement. My cumulative GPA is \_\_\_\_\_\_\_\_

Below credit hour requirement. My registered credit hours for the term are \_\_\_\_\_\_\_\_

Did not maintain consecutive term enrollment. My last enrolled term was \_\_\_\_\_\_\_\_\_

**Reason for appeal request:**

Student’s own medical/physical/mental illness, injury, or disability

Family (including death of a family member)

Unanticipated employment challenges

Extenuating circumstances beyond your control (please describe briefly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligible Awards: (select your award)**

CBusStudentHack Greta J Russell Medical Mutual Of Ohio

Undergraduate Scholars Program Alumni Military

Nationwide Insurance Corporate Connections Targeting Fraud

JoAnn Davidson Public Administration Leadership Scholar Award1902 Leadership Circle

**Actions Required: (You must review and check all items before submission)**

I have read the Scholarship Appeal Policy at <https://www.franklin.edu/tuition-financial-aid/scholarships>

I have attached a personal statement explaining my circumstances (1 page maximum)

I have attached all required documents that relate to my circumstances, as stated in the appeal policy

I understand the Committee’s decision is final and cannot be overturned or re-appealed

I understand submission of this appeal does not guarantee approval

I have completed this form entirely, checked all applicable boxes

**Important:** Incomplete or missing documentation will delay the appeal process. Any changes to financial aid awards will be contingent on the types of funds available, eligibility policies, and regulations. After initial review, additional documentation may be required. Students waiting for an appeal decision should be fully prepared to assume responsibility for all course enrollment and account balance payment, regardless of the appeal decision.

**Student Acknowledgement**

I certify that, by signing and submitting this scholarship appeal form to Franklin University, the information submitted is complete and accurate. If necessary, I agree to provide further proof of the information that I have given, and that my appeal may be denied for failure to substantiate my situations or for lack of documentation.

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**