

SCHOLARSHIP EXCEPTION REQUEST FORM

Student Name: _____ WVU ID: _____

MIX Email Address: _____@mix.wvu.edu

Scholarship(s): _____

Please answer the following questions regarding your request for scholarship deferral or appeal. Provide as much information as needed to make a fair decision regarding your circumstances. All information will be kept strictly confidential.

I am an incoming or current student and would like to **defer** my scholarship.*

**Incoming students may only defer scholarships in certain situations such as military service or a medical issue.*

1. Reason for deferring (If more space is needed, utilize the **Personal Statement** section):

2. Semester or academic year for which you are requesting an exception: _____

3. Current overall GPA: _____

I have an extenuating circumstance I would like to **appeal**. Check all that apply.

My overall GPA has improved to the level required to maintain the scholarship.

I am requesting an exception to the required 30 earned credit hours. Please explain in the **Personal Statement** section.

I am graduating this semester and would like to use my scholarship, but I am enrolled less than full-time. Please note the scholarship amount may be prorated based on enrollment.

** Indicate the number of hours in which you intend to enroll: _____

I am enrolled in the summer semester and would like to use my scholarship. This will utilize one of your eight semesters of eligibility. You must be enrolled in at least six credit hours for disbursement. In order to use the scholarship for summer, you must be graduating during the summer semester or at the end of the upcoming fall semester.

I experienced extenuating circumstances such as a family, medical, or personal event which adversely affected my academic performance and led to the cancelation of my scholarship. Please explain in the **Personal Statement** section.

Other reason (If you need more space, utilize the **Personal Statement** section):

Personal Statement: Describe reason(s) for deferral or circumstances which negatively impacted your satisfactory academic progress and the steps/actions you have taken which will now allow you to progress.

Read and initial each statement:

- _____ I am responsible for making payment when the bill is due regardless of the status of the appeal.
- _____ I have attached accurate, true, and complete documentation to support my personal statement.
- _____ False information provided may be cause for the denial, reduction and/or repayment of financial aid, and may be subject to a fine, imprisonment or both under provisions of the US Criminal Code.

Notifications regarding your appeal will be emailed to your MIX account.

Student Signature *(Must be in ink. Electronic signatures not accepted.)* _____
Date

Return Form and Supporting Documentation to Your Campus:

MORGANTOWN CAMPUS	PO Box 6004 Morgantown, WV 26506	mountaineerhub.wvu.edu	Fax: 304-293-4890
HEALTH SCIENCES CENTER	PO Box 9810 Morgantown, WV 26506	hscfinaid@mail.wvu.edu	Fax: 304-293-6861
COLLEGE OF LAW	PO Box 6130 Morgantown, WV 26506	hscfinaid@mail.wvu.edu	Fax: 304-293-6891
POTOMAC STATE COLLEGE OF WVU	75 Arnold Street Keyser, WV 26726	psc-finaid@mail.wvu.edu	Fax: 304-788-6939
WVU INSTITUTE OF TECHNOLOGY	410 Neville Street Beckley, WV 25801	tech-financial-aid@mail.wvu.edu	Fax: 304-254-0710

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