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 but students must be enrolled in at least 6 credit hours.

   ** 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):
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Scholarship Exception Request Form: SCHAPP (5/19)
Student Name: _______________________________________________ WVU ID: ________________

**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.

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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
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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