

**MONTANA UNIVERSITY SYSTEM**

**STEM/HEALTHCARE SCHOLARSHIP APPEAL**

**Award Montana**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Middle Last**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The determination of your appeal will be emailed to this address.**

**Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This appeal is for the following reason(s):**

**☐ I am below the required number of credits**

**☐ I am below the required grade point average**

**☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have extenuating or unexpected circumstances which prevented you from achieving the required grade point average or credit hours earned, you may appeal the loss of your scholarship. Extenuating or unexpected circumstances include, but are not limited to:**

**• Documentable serious illness, injury, and/or recovery that prevented you from attending class**

**• Documentable death or serious illness of an immediate family member**

**• Documentable significant trauma that impaired your emotional and/or physical health**

**• Other difficulties due to the COVID-19 pandemic**

**On a separate sheet of paper, thoroughly explain your reasons for not meeting the requirements to retain your scholarship. Attach that explanation along with the documentation (if applicable) to support your appeal to this form and submit to the Award Montana by email or mail.**

**STUDENT CERTIFICATION**

**I am appealing the loss of the scholarship listed above, I certify my appeal includes the following (if applicable)**

**\_\_\_ A personal statement explaining why I was unable to meet the requirements to retain the Scholarship and why I**

**believe I can meet the requirements in the future.**

**\_\_\_ Documentation (if applicable) from third parties (i.e. medical records, legal documents, death certificate) which**

**supports my appeal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

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| **SUBMIT THIS FORM AND DOCUMENTATION TO:**  **Award Montana**  PO Box 203201  Helena, MT 59620-3201  or email to: [AwardMontana@montana.edu](mailto:AwardMontana@montana.edu) |