



Phone: _____ Email: _____
The determination of your appeal will be emailed to this address.

This appeal is for the following reason(s):

- 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 _____

SUBMIT THIS FORM AND DOCUMENTATION TO:

Award Montana

PO Box 203201

Helena, MT 59620-3201

or email to: AwardMontana@montana.edu