

Appeal for Academic Scholarship Reinstatement

Name: _____ Student ID: _____

Email Address: _____

Daytime Phone: _____ Cell: _____

To retain your renewable Mount Vernon Nazarene University scholarship, you must: 1) enroll for at least 12 credit hours per semester at MVNU; 2) pass a minimum of 24 hours at MVNU over fall and spring semesters; and 3) achieve a minimum cumulative grade point average of between 2.0 and 3.7, depending on your award. By submitting this form, you are explaining your deficiency and requesting reinstatement of your scholarship. ***Please return your appeal to the Financial Aid Office promptly after receiving your cancellation notice.***

Description	Fund Code	Amount	2005-06 and Prior GPA	2005-06 to present GPA
Promise Grant	PROM	\$2,000	2.5	2.0
Academic Scholarship	ACA3	\$3,000	2.7	2.0
Academic Scholarship	ACA2	\$4,000	3.0	2.0
Academic Scholarship	ACA1	\$5,000	3.2	2.0
Benner Recognition Award	ABS3	\$7,000	3.5	2.0
Benner Distinguished Award	ABS2	\$9,500	3.7	2.0
Benner Excellence Award	ABS1	Up to tuition	2.5	3.5
Transfer Promise Grant	PROT	\$1,000	2.5	2.0
Transfer Recognition	ATF3	\$1,500	N/A	2.0
Transfer Achievement	ATF2	\$2,000	2.7	2.0
Transfer Academic	ATF1	\$2,500	3.0	2.0

To appeal, you must:

1. Complete both pages of this appeal form;
2. Attach a detailed explanation of your circumstances;
3. Obtain and attach relevant supporting documentation;
4. Indicate your name and MVNU ID number on the top of all attachments; and,

Appeals submitted without required documentation will be returned to you denied.

We will determine whether your circumstances warrant a period of probation or whether you will be required to meet the minimum standards before reinstatement. *The Financial Aid Office will review your appeal based on the documentation submitted and notify you of the results.*

1. ____ I have experienced a significant medical illness or injury that directly affected my ability to meet the academic standards. **Documentation:** *Detailed explanation of the situation, including its severity, length of time, and how the occurrence specifically affected your school work. Include supporting documentation (i.e. doctor's statement, hospital bills, etc).*

****Note:** If your appeal is approved and the basis of your appeal is related to a chronic medical condition, an appeal in future years may not be approved.

2. ____ There was a death of a close relative or friend and this directly affected my ability to meet the academic standards. **Documentation:** *A detailed explanation noting how the death specifically affected your school work and the deceased person's name, their relationship to you, and the time period for which this all occurred. Include supporting documentation, i.e. obituary, funeral notice, etc.*
3. ____ I have experienced a significant personal tragedy or event in my life that directly affected my ability to meet the academic standards. **Documentation:** *A detailed explanation noting the circumstances and how the occurrence specifically affected your school work. Include supporting documentation, i.e. letter on letterhead from a counselor, pastor, etc.*
4. ____ I have made up my "deficient hours" by passing a sufficient number of credit hours during the summer 2009 session(s). If you attended a college other than MVNU, submit this appeal AFTER you have had an academic transcript sent to MVNU and you have received a MVNU Credit Evaluation indicating the number of credit hours accepted by MVNU.
5. ____ I have attended another institution with the approval of my academic advisor because the classes I needed were not offered at MVNU. **Documentation:** *A letter from your academic advisor approving the coursework and college, along with a copy of your transcript (if not already turned into the Registrar's Office for evaluation).*
6. ____ Other significant event or situation that affected my ability to meet the academic standards. **Documentation:** *Attach a detailed explanation noting the circumstances and how the occurrence affected your school work. Include supporting documentation.*

To the best of my knowledge, all of the information on this form and its attachments are complete and correct. Note: Please include your name and MVNU ID# on the top of all attachments.

Student's Signature: _____

Date: _____

Please mail documents to:

Financial Aid Office
Mount Vernon Nazarene University
800 Martinsburg Road
Mount Vernon, OH 43050
(740) 392-6868, ext. 4520
financialaid@mvnu.edu