Instructions for Scholarship Appeals

1. Read all instructions, fill out the form completely and sign and date the appeal.

2. Attach a letter describing in detail the reasons or circumstances that merit a review of your scholarship eligibility. Your written statement must include a description of the problem/incident indicating dates and time period involved, as well as the impact on your academic performance.

3. Attach documentation supporting your appeal. Include any statements (on company letterhead) from third party persons (e.g. clergy, employers, medical professionals, etc.) who can verify your extenuating circumstances.

4. Submit the completed appeal with all supporting documentation to the University of Central Florida, Office of Student Financial Assistance, 4000 Central Florida Blvd., Millican Hall Room 120, Orlando, Florida 32816-0113. Appeals can also be fax number to 407-823-5241.

5. Completed appeals submitted by the last day of the month will be reviewed at the next month’s meeting. The scholarship committee is scheduled to meet the second week of each month. Meeting dates are subject to change as deemed necessary by the committee chair. You will be notified (by e-mail) of the committee’s decision within 48 hours.

6. Please note that in order to ensure you appeal is reviewed prior the beginning of a semester you must submit the appeal along with documentation in sufficient time for the appeal to be reviewed. Incomplete applications and requests for additional documentation will cause delays. Please plan accordingly in case you experience a delay in your scholarship appeal. You will be responsible for any late charges.

Supporting Documentation:
- Documentation must include, but is not limited to, divorce decrees, death certificates, and letters from doctors, counselors, advisors etc. Written statements from the professional should reference the student’s name, diagnosis, dates of treatment and length that situation has or was occurring.
  - Attach documentation supporting your appeal. Include any statements (on company letterhead) from third party persons (e.g. clergy, employers, medical professionals, etc.) who can verify your extenuating circumstances. Written statements from medical professionals should reference the student’s name, diagnosis, dates of treatment and length that situation has or was occurring.
  - Report of incident/s, such as a police report, insurance damage report, and bill/s for services related to emergency, obituary, etc.
  - Failure to corroborate your circumstance may result in your appeal being denied for lack of documentation.

Bright Futures Scholarship Appeals

Failure to Renew appeals may be filed any time after the student has received notification from our office indicating he or she did not meet the renewal requirements. Official ineligibility notices are e-mailed to students during the summer following spring evaluation of their renewal eligibility by OSFA (the State). If a student has not already filed a scholarship appeal with our office by that time, they must file this scholarship appeal within 30 days of the date of the ineligibility notice sent to them by OSFA.

Repayment for Withdrawn Courses appeals may be submitted after courses are withdrawn, but must be submitted no later than 30 days prior to the end of the renewal evaluation period in the spring term. Unless a repayment appeal is granted, the student is responsible for repayment of the award for all courses that were withdrawn or dropped.

Florida Incentive Scholarship Appeals

Failure to Renew FIS appeals may be filed any time after the student has received notification indicating he or she did not meet the renewal requirements. Official ineligibility notices are e-mailed to students during the summer following spring evaluation of their renewal eligibility by OSFA (the State). If a student has not already filed a scholarship appeal with our office by that time, they must file this scholarship appeal within 30 days of the date of the ineligibility notice sent to them by OSFA.

Students must indicate whether there was an emergency or medical situation which impacted their ability to meet renewal criteria and submit with pertinent documentation.

Pegasus Scholarship Programs and National Merit Scholarship Appeals

All Pegasus Scholarship appeals should be received in the Office of Student Financial Assistance no later than June 30th of the year that the cancellation occurred.
SCHOLARSHIP APPEAL FORM

INSTRUCTIONS: Your scholarship appeal must be in our office by the last day of the month to be reviewed at the following month’s meeting.

WHICH SCHOLARSHIP ARE YOU APPEALING? CHECK ALL THAT APPLY.

☐ Bright Futures Scholarship:
  Choose what you are appealing:
  ☐ Failure to renew due to GPA and/or hours complete
  Reason for appealing: (Select one) Medical _____ Emergency _____

☐ Florida Incentive Scholarship:
  Reason for appealing: (Select one) Medical _____ Emergency _____

☐ Pegasus/ Natl. Merit Scholarship (Awarded by Undergraduate Admissions)
  Choose what you are appealing:
  ☐ Failure to renew due to GPA and/or hours complete
  ☐ Late FAFSA

☐ Other Scholarship / Award ________________________________________________

Name_____________________________________________________________________________________
E-mail ____________________________      UCF ID ________________________________
Address __________________________________________________________________________________
Local Phone # _____________________________      Work Phone # _______________________________
Major ____________________________________       Expected Graduation Date _____________________

I understand that this Scholarship Appeal will be returned to me and will not be reviewed by the committee if the following items are not attached to this application:

1. A letter of explanation
2. Documentation that supports the appeal such as medical bills, divorce decrees, death certificates, letters from doctors, counselors, parents, etc.

________________________________________________________________________________________
Student Signature Date

OFFICE USE ONLY

Meeting Date ____________________________ Date Appeal Decision Sent to State (If applicable) ________________
Date Student Notified with Results ____________ Method of Notification ________________________________
Committee Decision ________________________________________________________________
Contingencies ________________________________________________________________