

# Institutional Scholarship Appeal Request

2025-2026 Award Year



FINANCIAL AID AND SCHOLARSHIPS

Student's Name (Last, First, MI)

myWSU ID Number

Phone Number

Scholarship progress is based on the number of credit hours you completed/earned and your cumulative/semester grade point average. If extenuating circumstances prevented you from meeting the requirements for your institutional scholarship(s), you may appeal the withdrawal or non-renewal. **This form is to assist you in filing an appeal for institutional scholarships awarded through the Office of Financial Aid only.** Any scholarships awarded through your academic college must be handled through that colleges' scholarship coordinator.

TERM	PRIORITY DATE TO SUBMIT	FINAL DEADLINE
Summer 2025	May 30, 2025	June 13, 2025
Fall 2025	June 27, 2025	August 29, 2025
Spring 2026	November 28, 2025	February 2, 2026

**Check one appeal term:** ☐ Summer 2025 ☐ Fall 2025 ☐ Spring 2026

## Before Appealing, consider the following >>>

- ➔ By completing this form, you are requesting a one-time exception to the institutional scholarship guidelines to have your scholarship(s) reinstated.
- ➔ Appeals are reviewed in the order they are received.
- ➔ This is an appeal process, and your case may be denied.
- ➔ The Office of Financial Aid reserves the right to obtain a copy of your unofficial academic transcript.
- ➔ Reinstatements may be based on funding availability.
- ➔ Funds will not be available until the appeal has been approved.
- ➔ If your request is approved your scholarship(s) will be reinstated, however we do not guarantee funds will be available during fee payment. You must make other arrangements until funds become available.
- ➔ Circumstances for any subsequent appeals must be different.
- ➔ All decisions are **final**.

## INCOMPLETE APPEALS WILL NOT BE APPROVED.

## Instructions >>>

### 1. Include the following with your appeal

- ☐ Include the name of the scholarship(s) to be considered within this appeal.
- ☐ A **TYPED** letter of appeal explaining your extenuating circumstances (something beyond your control) and the steps you have taken or will take to address the circumstances. **Include how you will maintain the requirements of your scholarship** and manage similar circumstances in the future.
- ☐ Supporting documentation for extenuating circumstances (i.e. letter from academic advisor, doctor, etc.)
- ☐ A copy of an Academic Plan created by you and your academic advisor or Success Coach.

### 2. Submit this appeal form, your letter, supporting documentation, and your signed academic plan to the WSU Office of Financial Aid & Scholarships.

## Signature and Affirmation >>>

**Warning:** If you receive a scholarship based on incorrect information, you may have to return the funds. If you purposely give false or misleading information in your appeal, we reserve the right for immediate denial of your scholarship(s).

**Affirmation:** By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation.

- ➔ Please allow 2-3 weeks for processing. Processing cannot begin until all requested documentation has been received.

Student's Signature

Date

Student's Printed Name

**Typed Signature cannot be accepted.**

1845 Fairmount Street | Wichita, KS 67260-0024  
(316) 978-3430 | (316) 978-3090

wichita.edu

Revision Date: 7/1/2025

Tracking Code: SCHAPL

# Institutional Scholarship Appeal Request Academic Plan

2025-2026 Award Year



FINANCIAL AID AND SCHOLARSHIPS

Student's Name (Last, First, MI)

myWSU ID Number

Academic College

Degree

Major Anticipated

Graduation Date

## INSTRUCTIONS >>>

This form must be completed by you and your academic advisor. Plan should include the next semester or academic year at minimum.

Semester/Year: \_\_\_\_\_/20\_\_\_\_

Course Name	Cr. Hrs.
Total	

Semester/Year: \_\_\_\_\_/20\_\_\_\_

Course Name	Cr. Hrs.
Total	

Semester/Year: \_\_\_\_\_/20\_\_\_\_

Course Name	Cr. Hrs.
Total	

Semester/Year: \_\_\_\_\_/20\_\_\_\_

Course Name	Cr. Hrs.
Total	

Semester/Year: \_\_\_\_\_/20\_\_\_\_

Course Name	Cr. Hrs.
Total	

Semester/Year: \_\_\_\_\_/20\_\_\_\_

Course Name	Cr. Hrs.
Total	

\*Additional pages may be submitted as needed.

## Signature and Affirmation >>>

**Warning:** If you receive a scholarship based on incorrect information, you may have to return the funds. If you purposely give false or misleading information in your appeal, we reserve the right for immediate denial of your scholarship(s).

**Affirmation:** By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation.

Advisor's Printed Name

Advisor's Signature (Required)

Date

Typed signature cannot be accepted.

Advisor's Phone Number

Student's Signature (Required)

Date

Typed signature cannot be accepted.

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