

# Kentucky State University Scholarship Appeal Form

2023-2024 Academic Year

Student Financial Aid (SFA)  
Telephone: (502) 597-5960  
Fax: (502) 597-5950

400 East Main Street  
Academic Building  
Frankfort, KY 40601

Based on our review you have not met the criteria necessary to maintain your scholarship or the right to appeal your status during your academic career. The Scholarship Committee considers appeals based on a variety of extenuating circumstances (e.g., personal illness or injury, death of an immediate family member or other unusual circumstances).

## The Appeals Process

1. Complete both pages of this form and provide all supporting documentation as described on this form. Please complete both pages of this form and sign

**APPEALS WITHOUT DOCUMENTATION WILL NOT BE REVIEWED.**

2. Return your appeal form and supporting documentation to: The Scholarship Committee, Kentucky State University, Financial Aid Office, 400 East Main Street, Frankfort, Kentucky, 40601, or send all pages via email [financialaidmail@kysu.edu](mailto:financialaidmail@kysu.edu) with Scholarship Appeal in the subject line.
3. All appeals must be received by close of business on **July 21, 2023**. The Scholarship Committee's final decision regarding your appeal will be sent to you via your KYSU email

## Section I: Student Information

Name (Please Print) \_\_\_\_\_  
Last First MI

Student Identification Number \_\_\_\_\_

Local Address \_\_\_\_\_

City State Zip Local Phone

Permanent Address \_\_\_\_\_

City State Zip Permanent Phone

KSU E-mail Address \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

## Reason for Appeal

Documentation Required: Personal statement/ letter from the student and supporting documentation, (see circumstances below)

(Check appropriate circumstance(s))

Personal Illness or Injury

Written statement from your physician or attending professional citing your illness or injury and its probable effect upon your academic performance. Include date of onset and length of time of your illness or injury.

Death of Immediate Family Member

Provide either an obituary, death certificate or letter from a Professional (lawyer, doctor, minister) which states the date of the death and the individual's relationship to you.

Other Unusual Circumstances

Written documentation supporting your circumstances from an academic advisor, counselor, tutor, professor and/or Professional who is familiar with your circumstances. Documentation must state the date(s) during which these circumstances occurred and their probable effect on your academic performance.

Student Signature _____	Date _____
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Section II: (to be completed by Scholarship Committee)

Approved \_\_\_\_\_ Approved Conditionally \_\_\_\_\_ Denied \_\_\_\_\_ Deferred \_\_\_\_\_

Conditions: \_\_\_\_\_

Release: Fall/Spring \_\_\_\_\_ Fall Only \_\_\_\_\_ Spring Only \_\_\_\_\_ Summer \_\_\_\_\_

Additional Course Work

Committee Exception

Computer Error

Grade(s) Change/Late

Medical (  Documentation)

~~Professional~~ Judgment

Residence Credit (Grad Students)

Other \_\_\_\_\_ 2 (y \_\_\_) 5 r Tf 13 \_\_\_\_\_