## 2024-2025 University Administered Scholarship Appeal

STUDENT NAME:	080	טו:
	APPEAL PROCESS	
The Ohio State University has established an appeing enrolled less than full time their final term a scholarships, Morrill Scholars Program, National	at Ohio State. Scholarships the	scholarship due to an extenuating circumstance or at may be appealed using this form: merit nity Scholarship and Young Scholars Program.
f you have lost eligibility for a scholarship that wa college.	as provided by a department o	r college, please reach out to that department or
Unless otherwise indicated, scholarships carry a any time a student receives any university adminwas not utilized during that semester. Exceeding	istered merit or need-based ai	ligibility. A semester of eligibility is considered used d, even if the scholarship you are appealing for today he circumstance, is not appealable.
Once reviewed you will be notified in 7-10 busine	ess days of the decision via you	ur university email address.
ΔDD	EAL OPTIONS - SELECT (	ONLY ONE
ALL	LAL OF HONS - SELECT	SHET SHE
Less than full-time in final semester	time. If approved, offers will be hours. If the appeal is approved	be graduating this semester and will not be enrolled fuse prorated based on the number of enrolled credit red, but you do not graduate for any reason your final be eligible for future disbursements of the scholarship.
*Please indicate how many hours you are enrolled in for your final semester:	space provided on t	applied for graduation before submitting an appeal
Extenuating circumstances  Please indicate which semester you are appealing for the scholarship:	of an immediate family membedisability or extreme family or documentation of the circums	erienced an extenuating circumstance such as a death per, physical illness/injury, mental illness/injury, learning personal issues. The appeal must provide clear stance as well as a concise plan of how you have not a compelling case, clear documentation, and a planary be denied.
	<ul> <li>Documentation of the statement</li> </ul>	s form mstances and resolution to improve GPA (if applicable ne extenuating circumstance referenced in your ne resolution and/or plan going forward
SI	GNATURES AND CERTIF	ICATION
All information on this form is true and complet shared with university offices that have a need with university policy or law.		. I understand the information I submit may be wing and processing this appeal, and/or to comply
Student Signature (do not type)	Printed Name	 Date
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oreturn this form: Students may upload all forms and documents to the S	ocure Decument Unleader of a co	Lody   Foy to: 614 202 0264

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264 | Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300 or help.osu.edu.

Note: Do not submit this form or any supporting documents via email.

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