SCHOLARSHIP APPEAL FORM

PLEASE NOTE: Your appeal must be in our office by August 15th

Select the appropriate scholarship you are appealing:

- Bright Future Scholarship
- Florida Student Assistant Grant (FSAG)

○ Failure to renew due to GPA and/or hours complete

○ Reason for appealing: (Select one)  Medical_____  Emergency_____  

Name ________________________________________________________________

Student ID#_____________________________  Email ____________________________

Address ________________________________________________________________

Local Phone#___________________________  Work Phone #_______________________

Major _________________________________  Expected Graduation Date _____________

I understand that this 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 as medical bills, divorce decrees, death certificates, letters from doctors, counselors, parents, etc.

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

Rev. 02/16