



Financial Aid Office • 6399 S Santa Fe Dr • Littleton CO 80120
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Scholarship Ineligibility Appeal

Use this form to appeal for 1 semester when not meeting a requirement for your scholarship.

Name _____ Student ID# _____
Last First MI

Award Name: _____ Award Amount: _____

Semester for your Appeal: Fall Spring

Requirement you are appealing:

- Minimum credits Minimum credits during final semester
- Cumulative GPA Nonconsecutive attendance (*taking off 1 semester*)

Please explain to the committee why you are will not able to meet the above requirement for your scholarship:

Will you be able to meet the requirements of the Scholarship in the future?

- Yes No

Please explain why:

After you have submitted this appeal form to the Financial Aid Office it will be reviewed by the Scholarship Committee. Whether your appeal is approved or not is based on the reason for you failing to meet the criteria and the Donor requirements for the Scholarship.

The final decision concerning your award will be communicated to you within two weeks via your student email.

Signature _____ Date _____