



**2020-2021 Scholarship Appeal Form**

Name:

Student ID:

**Appeal Deadline: September 18, 2020**

**Please check the box next to the scholarship you are appealing:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Black & Gold Scholarship | <input type="checkbox"/> Border State Scholars | <input type="checkbox"/> Chancellor's Award  |
| <input type="checkbox"/> Curators Scholars Award  | <input type="checkbox"/> Diversity Award       | <input type="checkbox"/> Suggs Scholarship   |
| <input type="checkbox"/> Excellence Award         | <input type="checkbox"/> Mark Twain NR         | <input type="checkbox"/> Transfer Award      |
| <input type="checkbox"/> Mizzou Scholars          | <input type="checkbox"/> National Merit        | <input type="checkbox"/> Global Black & Gold |
| <input type="checkbox"/> George C. Brooks         |  |  |

***This form is to give an opportunity for reinstatement of an automatic scholarship due to experiencing extenuating circumstance beyond your control which may have affected your ability to maintain the number of credit hours and/or GPA requirements for renewal.***

Submit a typed narrative that includes the following:

- a. Outline the specific circumstances that have caused you to become ineligible for scholarship renewal.  
Discuss the circumstances through your academic career for which you could not plan, influence, or prevent. Provide relevant documentation whenever possible (e.g., a letter from a doctor, counselor, etc.).
- b. Describe specific steps you are now taking to address these circumstances and to improve your academic outcomes.  
Support services you are utilizing, strategies for academic success, etc.
- c. **Recipients of the following awards:** Donald M. Suggs, George C. Brooks, Diversity or Transition have additional requirements. Students, schedule a meeting with a member of the Center for Academic Success & Excellence (CASE) staff to complete your additional worksheet. Appointments with a CASE staff member can be made through MU Connect via Zoom. Date of appointment : \_\_\_\_\_

**The information I have provided is true and accurate. I understand my existing financial aid package may be revised should my scholarship appeal be approved.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please submit this form and your narrative to sch-appl@missouri.edu. Your appeal will be reviewed and a decision will be communicated to you via email. Please allow 10-14 business days for a response.