



## Lander University Financial Aid Office

320 Stanley Avenue, Greenwood, SC 29649  
 Email: [finaid@lander.edu](mailto:finaid@lander.edu) • Web: [www.lander.edu/finaid](http://www.lander.edu/finaid)  
 Phone: (864) 388-8340 • Fax: (864) 388-8811

### SCHOLARSHIP/GRANT APPEAL

Deadline: August 9<sup>th</sup>

STUDENT NAME:	L#
ADDRESS:	
PHONE:	EMAIL:

Check **ALL** boxes that apply below:

**Appeal For:**

- Dorm Grant
- LU Academic
- Other \_\_\_\_\_

**Reason for not meeting renewal requirements:**

- Below required cumulative GPA requirement.
- Below required yearly credit hour requirement.
- Maximum eligibility reached.

**Reason for appeal request:**

- Student's own Medical/Physical/Mental Illness, injury, or disability
- Personal Reasons
- Family (including death of a family member)
- Other extenuating circumstances beyond your control (please describe briefly)

**Actions Required:**

- I have attached a personal statement explaining my circumstances
- Describe how your circumstances have changed or what steps you are taking toward meeting the renewal requirements in the future
- If appeal is due to GPA, include a GPA calculation estimate for your next semester to show how these changes will positively impact your GPA: [http://www.back2college.com/raise\\_gpa.htm](http://www.back2college.com/raise_gpa.htm)
- I have attached all required documents that relate to my circumstances
- I understand submission of this appeal does not guarantee approval

**Important:** Incomplete or missing documentation will delay the appeal process. Any changes to financial aid awards will be contingent on the types of funds available, eligible policies, and regulations. After initial review, additional documentation may be required. Students waiting for an appeal decision should be fully prepared to assume responsibility for all course enrollment and account balance payment, regardless of the appeal decision.

**Certification:** By signing this form, I certify that all the information reported is complete and correct. If necessary, I agree to provide further proof of the information that I have given, and that my appeal may be denied for failure to substantiate my circumstances or for lack of documentation.

<b>Student Signature:</b>	<b>Date:</b>
---------------------------	--------------