IUPUI Student Scholarship Appeal Form

Student Name: ___________________________________________ University ID: _______________________________

Name of Scholarship(s): __________________________________________________________________________

Last semester funds received: ___________ Cumulative GPA: _______ Grade Level: ________________

Telephone Number: ____________________________ E-mail: ___________________________________________

Reason Scholarship Revoked:

_____ Below minimum GPA necessary to maintain scholarship

_____ Below required number of credit hours

_____ Other, (explain) ____________________________________________________________

Please include following information along with the appeal form:

○ A typed Statement of Appeal, which must include the following:
  • Brief explanation detailing why you failed to meet the minimum requirements to maintain your scholarship award.
  • Brief explanation detailing how you resolved your situation which resulted in dropping below the minimum requirements to maintain your scholarship.
  • Brief explanation detailing how you plan to complete your education at IUPUI.

○ Documentation to support the Statement of Appeal (i.e. medical documentation, etc.).

○ Copy of your unofficial academic transcript through OneStart.

Signature: ________________________________________________________ Date: ______________________

Please note the following deadline dates to submit your appeal:

○ October 15th for the Fall Semester

○ March 15th for the Spring Semester

Any appeals received after these dates can only be reviewed for the upcoming semester.

For questions regarding this form or the Scholarship Appeal process, please contact Jill Campbell at (317) 274-3720 or via e-mail at jileonar@iupui.edu.

Please return to:

IUPUI-Office of Student Scholarships
425 University Blvd; CA 103
Indianapolis, IN  46202-5143

Jill I. Campbell
Assistant Director-Retention and Processing