

Regents' Scholarship

Appeal Form



APPEAL RULES AND INSTRUCTIONS

- Under Regents' Policy (R609-8.2), Regents' Scholarship applicants have the right to appeal an adverse decision.
- Appeals must be filed (postmarked) within **30 days** of the date of the notification by submitting a completed Appeal Application. An appeal filed before the applicant receives an official notification from the Regents' Scholarship Review Committee regarding their application will not be considered.
- The appeal must provide **evidence that the adverse decision was made in error** and that in fact, the applicant met all scholarship requirements and submitted all requested documentation by the deadline. **Appeals are not accepted for late document submission.**
- A submission of an appeal does not guarantee a reversal of the original decision.
- It is the scholarship applicant's responsibility to file the appeal, including all supplementary documentation.
- Mail all documents regarding the Regents' Scholarship to the address listed below. **Faxed or emailed documents are not accepted.**

It is estimated that the notification of the decision regarding an appeal will be mailed to the applicant 4-6 weeks after receipt of all appeal application documents.

1. First Name _____ Middle _____ Last _____
2. Mailing Address _____ City _____ State _____ Zip _____
3. Telephone Number ____-____-_____
4. E-mail address _____
5. High School you attended last _____
6. If you are currently in College list the college you are attending _____
7. The appeal is related to (mark all that apply): <input type="checkbox"/> Course Grades <input type="checkbox"/> ACT Score <input type="checkbox"/> Core Course Requirement <input type="checkbox"/> GPA <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Other, please specify _____
8. <input type="checkbox"/> Required: I have included a signed, one page (maximum) typed statement, written by the applicant, <u>detailing the evidence that the adverse decision was made in error.</u> Note: the statement must be typed using 12 point font with page margins no smaller than 1 inch.
9. <input type="checkbox"/> Optional: I have included supporting documentation related to the appeal request. List the supporting documents that have been included. _____ _____ _____
I understand and agree to the appeal application rules as outline above. I certify that all information provided regarding this appeal application is true and accurate.
_____ Student Signature
_____ Date