## Scholarship Appeal

## Scholarship Appeals Committee

Name:		Cowley ID:		
Address:				
Street or PO Box	City	State	Zip	
Phone: E	mail Address:			
Reason for Appeal:				
	Scholarship Suspende InsferDormOn		:er	
I am appealing for the Fall / Spring (ci	rcle one) semester of	(year)		
Please write an explanation of your sit for your request.	tuation and why you feel yo	ou have extenuating	g circumstan	
Submit this form, your personal stater the Scholarship Committee via email a Cowley College Scholarships, 125 Sout	nt scholarships@cowley.ed	or by mail to	hip sponsor	
You will be notified by email of the coremail address. The results are available	•	, -		
I verify that the information provided	in this appeal is true and ac	ccurate.		
Student Signature		Date	-	
	For Office Use Only:			
Scholarship:	Semester started:			
Semester GPA:	Semester Hours(earned/attempted):			
Cumulative GPA:				
Notes:				