



Office of Financial Aid and Scholarships
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Scholarship Appeal Review Form

This form should be returned within seven calendar days from the date of the SUSPENSION letter. Incomplete appeals will not be reviewed and are subject to denial.

Name, Street Address, City, State, Zip Code, Anticipated Graduation Date (REQUIRED), Phone #, E-Mail Address, Next term you plan to enroll for: [] Fall 20 [] Spring 20 [] Summer 20, Name of scholarship(s) you are appealing:

NOTE: Qualifying semester on NM Legislative Lottery Scholarship is not subject to appeal.

Please attach a TYPED statement addressing both questions A & B below: Attach supporting documentation if applicable.

- A. State reason(s) why you did not achieve the minimum academic scholarship requirements.
B. State reason(s) why the Scholarship Committee should consider your appeal.

I affirm that all information provided to support this appeal is true and accurate.

Signature: (Original Signature Required) Date

*****For Scholarship Office Use Only*****
[] Approved on contract
[] Approved with conditions (See Stipulations and comments below)
[] Denied
Stipulations: Hours required Semester GPA required Cumulative GPA required
Comments:
Y/N Awarded Y/N Probation Y/N Warning
Scholarship Official Signature Date