



Office of Financial Aid and Scholarships
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 Fax: (505) 454-3398
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www.nmhu.edu

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	NMHU ID#	
_____	_____	
Street Address	Anticipated Graduation Date (REQUIRED)	
_____	_____	_____
City, State, Zip Code	Phone #	E-Mail Address
Next term you plan to enroll for:	<input type="checkbox"/> Fall 2019	<input type="checkbox"/> Spring 2020
		<input type="checkbox"/> Summer 2020

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: _____ Date _____
 (Original Signature Required)

*****For Scholarship Office Use Only*****		
<input type="checkbox"/> Approved on contract <input type="checkbox"/> Approved with conditions (See Stipulations and comments below) <input type="checkbox"/> Denied		
Stipulations: Hours required _____ Semester GPA required _____ Cumulative GPA required _____		
Comments: _____ _____ _____ _____ _____		
Y/N Awarded	Y/N Probation	Y/N Warning
_____	_____	_____
Scholarship Official Signature	Date	