

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#

 Phone # _____
 NMHU Email Address

 Anticipated Graduation Date (REQUIRED)

Next term you plan to enroll for: Fall 20____ Spring 20____ Summer 20____

Select which scholarship you are appealing:

- Academic Scholarship _____
 (Name of Scholarship)
- Athletic Scholarship _____
 (Name of Scholarship)

**NOTE: Qualifying semester on NM Legislative Lottery Scholarship is not subject to appeal.
 The Athletics Futures 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	<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: _____ _____ _____	
_____ Scholarship Official Signature	_____ Date