



Office of Financial Aid

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code LUAP
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SCHOLARSHIP/GRANT APPEAL

Deadline: August 9th

Form with fields: STUDENT NAME, ADDRESS, PHONE, L#, EMAIL

Check ALL boxes that apply below:

Appeal For:

- checkbox Dorm Grant
checkbox LU Academic
checkbox Other

Reason for not meeting renewal requirements:

- checkbox Below required cumulative GPA requirement.
checkbox Below required yearly credit hour requirement.
checkbox Maximum eligibility reached.

Reason for appeal request:

- checkbox Student's own Medical/Physical/Mental Illness, injury, or disability
checkbox Personal Reasons
checkbox Family (including death of a family member)
checkbox Other extenuating circumstances beyond your control (please describe briefly)

Actions Required:

- checkbox I have attached a personal statement explaining my circumstances
checkbox Describe how your circumstances have changed or what steps you are taking toward meeting the renewal requirements in the future
checkbox If appeal is due to GPA, include a GPA calculation estimate for your next semester to show how these changes will positively impact your GPA: http://www.back2college.com/raisegpa.htm
checkbox I have attached all required documents that relate to my circumstances
checkbox I understand submission of this appeal does not guarantee approval

Important: Incomplete or missing documentation will delay the appeal process. Any changes to financial aid awards will be contingent on the types of funds available, eligible policies, and regulations. After initial review, additional documentation may be required. Students waiting for an appeal decision should be fully prepared to assume responsibility for all course enrollment and account balance payment, regardless of the appeal decision.

Certification: By signing this form, I certify that all the information reported is complete and correct. If necessary, I agree to provide further proof of the information that I have given, and that my appeal may be denied for failure to substantiate my circumstances or for lack of documentation.

Student Signature: Date: