Scholarship Appeal Form

Appeal must be received by June 30th.

A student that does not meet the renewal criteria for the Gateway to Success Scholarship is given the opportunity to appeal based on mitigating circumstances beyond the student’s control. Mitigating circumstances include a serious health condition, the death or serious health condition of an immediate family member or a traumatic/extraordinary event. Mitigating circumstances do not include college adjustment issues, problems with roommates, difficult course-load, misunderstanding of scholarship requirements, lack of GPA rounding, et cetera.

This scholarship appeal process is just for the College of Charleston’s institutional scholarships such as the Gateway to Success Scholarship and does not apply to state scholarships (LIFE, Palmetto Fellows) or scholarships awarded by individual departments. Additionally a student who is attending summer school does not need to submit an appeal if the completion of the summer courses will result in the scholarships being renewed.

Scholarship appeals will be reviewed by the Scholarship Committee. All students will be notified of the appeal decision via their College of Charleston email accounts. Please note that mitigating circumstances do not guarantee approval of the scholarship appeal.

__________________________________________
Name                                      CofC ID

Scholarship Ineligibility:
___ GPA less than 3.0  ___ Earned less than 30 hours  ___ Did not complete Experiential Requirements

___ SERIOUS HEALTH CONDITION, please include:
Personal letter explaining health condition, how it affected academic performance, and why the student is ready to return.
Letter from physician detailing duration and extent of health condition, any recommendations made about school non-attendance and any confirmation that the student is ready to return.
For chronic or long-term health conditions, letter from Disability Services detailing actions that will be taken to assist the student.

___ DEATH or SERIOUS HEALTH CONDITION OF IMMEDIATE FAMILY MEMBER, please include:
Personal letter explaining relationship to affected individual, details of health condition (if applicable and how it affected the academic performance of the student
Letter from physician detailing duration and extent of health condition if applicable.
Death certificate, obituary, or funeral program if applicable.

___ TRAUMATIC/EXTRAORDINARY EVENT, please include:
Personal letter explaining the event and how it affects academic performance.
Documentation about the event, such as police report, newspaper article, insurance claims, letter from counseling center, etc.

__________________________  __________________
Signature                      Date

Committee Comments:

SAF.ts.2/22/2012