



Scholarship Appeal Form

Appeals must be received by July 14th

****This form should not be completed by entering freshmen requesting a scholarship appeal. This form is only for current students that have not met the renewal criteria to retain their scholarship****

A student that does not meet the renewal criteria for the College of Charleston Merit Scholarship/Jasper Adams Scholarship/Institutional 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, etc.

This scholarship appeal process is just for the College of Charleston's institutional scholarships, such as the College of Charleston Merit/Academic Scholarship, Jasper Adams Scholarship/Institutional Scholarship, Access to Excellence Scholarships 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 24 hours

Scholarship Appeal reason:

_____ 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, submit a letter from a health care professional that outlines the actions that will be taken to assist the student
- If being seen by the Office of Disability Services (SNAP), please submit documentation from that office.

_____ 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 the 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 affected academic performance.
- Documentation about the event, such as police report, newspaper article, insurance claims, letter from counseling center, etc.

Signature

Date