2024-2025 Institutional Scholarship Appeal

Student Name:		Office of Financial Aid
Student ID:	FORT WAYNE	
Contact Information:		
Best Phone Number:	Email Address:	@pfw.edu
Scholarship Information:		
Type of Scholarship:	Less than Full-time Enrollment : ☐ YES ☐ NO	
□ Summit Scholarship □ Purdue Fort Wayne Scholarship □ Other:	If you will be attending less than full-time, please indicate the semester and year you expect to graduate (Example: Fall 2025).	
For what semester are you seeking reinstatement of the scholarship?	Semester —	Year
	Note, less than full-time enrollment will only be	
□ Fall □ Spring	considered by committee review if the student has submitted a graduation application with the Registrar's Office for the term being requested.	
Reinstatement Request Statement:		
Reasons for requesting reinstatement of the scholarship include: (expect to graduate at the end of this semester, (b) you are in coomeet one of the renewal criteria and why. You may write anything you wish regarding your request for reins of why you are submitting the appeal as well as any vital informat appeal. You may include additional pages with your statement if the same of the sam	p and therefore are enrolled less than for tatement. However, your statement sho ion to help us understand your situation he room below is insufficient. an academic advisor(s) or other univer who can support your request with the y understand your circumstances for receiver information is needed, or of the out-	ull-time, or (c) you did not buld include an explanation when processing your rsity staff as is appeal. questing reinstatement. tcome, usually within 10-15
Signature:	Date:	

Submit this completed form and all additional documents to the **Institutional Scholarship Appeals Committee** by fax, mail, or in person. Email submissions and electronic signatures will not be processed.