



OAKWOOD UNIVERSITY

Academic Scholarship Appeal Application

Complete form below and return (with additional documents) to the Scholarship Committee via fax (256-726-7154) or by email, scholarships@oakwood.edu.

Name:				ID#:	
Appeal for Academic Year:					
Classification:	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	
Current GPA:		Cumulative Hours:			
Email:					
Contact Number:					
The first year you started at OU:	Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Year:	
Is this your first appeal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, Sem./Year of last appeal:		
Reason for Appeal:	<input type="checkbox"/> Medical <input type="checkbox"/> Family Emergency <input type="checkbox"/> Death				
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

Please Submit the Following Additional Documentation:

- A detailed letter explaining the circumstances that led to the loss of your scholarship. **Required**
- Supporting documentation (Medical papers, obituaries, third-party documentation). – **Required**
- Unofficial transcript. – **Required**

I, _____, understand that my appeal will be reviewed by the OU Scholarship Committee. The information I have submitted will be carefully reviewed. I understand that all decisions are final, and submission of this appeal does not guarantee return of my scholarship.

Student Signature: _____ Date: _____

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