

*Pearl River Community College  
Office of Financial Aid*



*Academic Scholarship Appeal Form*

Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I am appealing the loss of my Academic Scholarship for the following reason(s):**

- ' The extended illness of the student.  
(Include documentation, such as a letter from physician.)
- ' The extended illness of an immediate family member that places hardship on the student  
(Include documentation such as a letter from physician.)
- ' Recent death of an immediate family member.  
(Include documentation such as an obituary, etc.)
- ' Natural or catastrophic disaster that has placed a hardship on the student or his/her immediate family member.
- ' Other.  
(Please use the space below to write a detailed explanation.)

**Please explain the unusual circumstances that led to the loss of your academic scholarship.  
Attach additional sheets, if needed and all supporting documentation.**


<b>Student Signature:</b> _____	<b>Date:</b> _____
---------------------------------	--------------------