



Arizona Western College
Office of Financial Aid
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PRESIDENTIAL SCHOLARSHIP APPEAL FORM

COMPLETE ALL FOUR STEPS

Step One: Student Data Section (PLEASE PRINT CLEARLY)

Student's Name: _____ ID#: _____

Phone Number: (____) _____ - _____ Email Address: _____

Step Two: Attach Personal Statement

Answer the following questions on a separate sheet(s); one sentence responses are not acceptable. *This information will remain confidential.*

1. Explain the circumstance, including relevant dates, which prevented you from meeting the minimum criteria to maintain eligibility.
2. Indicate what circumstances have changed that will allow you to maintain eligibility for the future terms. What steps will you take to ensure that you will successfully meet the criteria needed to maintain eligibility?

Step Three: Attach Documentation

Include documentation to support your appeal:

- In most cases, the documentation needs to be from a third party, someone not related to you (work supervisor, medical professional, clergy, social worker, counselor, etc.) who is familiar with your situation and support the reason for your appeal. All letters must be signed.
- The associated documentation should be on a letterhead, where applicable, and include relevant dates.
- Documentation from medical /mental health professionals should also state whether the problem has been resolved and give a professional opinion regarding the student's ability to return to school.

***See the back of this form for more information and examples of appropriate documentation.*

Step Four: Student Certification

I attest that all information is complete and accurate.

Student Signature: _____ Date: _____



PRESIDENTIAL SCHOLARSHIP APPEAL DOCUMENTATION

All letters must be signed. Documentation should be on letterhead, where applicable

Note: letters from medical/mental health professionals should also state whether the problem has been resolved and given a professional opinion regarding student's ability to return to school.

Circumstance		Documentation
Work Related	Required overtime; required Change in work schedule	<ul style="list-style-type: none"> • Letter from employer including effective date(s) and whether the change in hours was mandatory • Timesheets from employer for applicable period(s) • Letter from employer stating that work will not impede with school
	Lay off/Job loss	<ul style="list-style-type: none"> • Letter from employer • Separation/severance letter
Medical condition	Serious illness or change in health	<ul style="list-style-type: none"> • Letter stating doctor-advised period of home
	Surgery/Hospitalization	<ul style="list-style-type: none"> • Surgery/hospitalization records
	Mental health issue	<ul style="list-style-type: none"> • Letter from doctor, therapist, or counselor
	Dental emergency	<ul style="list-style-type: none"> • Letter from dentist • Letter stating dentist-advised period of recovery
Student's child	Child's medical condition	<ul style="list-style-type: none"> • Records from daycare/school that the sick child was required to be kept home for extended period(s), including the dates. Address in appeal the reason why alternative childcare was not available and what your plan is if this should occur again in the future. • Record of doctor visits • Letter stating doctor-advised period of recovery • Hospitalization records
	Childcare/daycare issue	<ul style="list-style-type: none"> • Letter from former daycare provider • Letter from current daycare provider • If the childcare provider is related, the letter must be notarized.
Additional Circumstances	Death of an immediate relative or loved one	<ul style="list-style-type: none"> • Obituary or death certificate • Documentation should include the date of death and incident and student's relationship to the deceased
	Eviction	<ul style="list-style-type: none"> • Eviction Notice • Letter from transitional housing program
	Assault/domestic violation	<ul style="list-style-type: none"> • Police report • Court documentation • Letter from Clergy, social worker, counselor or doctor