



Merit Scholarship Appeal Form

Financial Aid • 7502 Fondren Road • Houston, Texas 77074-3298 • Tel 281-649-3749 • Fax 281-649-3298

You are no longer eligible to receive a merit scholarship at Houston Baptist University, because you did not meet the minimum GPA requirement or full-time enrollment status during your warning semester. If there were unusual circumstances that affected your studies, you have the right to appeal your status. The Financial Aid Office may make an exception to the GPA or enrollment requirement in individual cases if you can demonstrate that your failure to meet the minimum standard was caused by **extreme or unusual circumstances beyond your control**. In those cases where these circumstances can be documented and your appeal is approved by the Senior Director of Financial Aid and Scholarships, the student may have his/her eligibility reinstated for one probationary semester.

Students who do not meet minimum requirement after the probationary semester are no longer eligible to receive a merit scholarship. The revocation of merit scholarship will remain for the duration of the student's studies at HBU.

Deadlines and Procedure

To make an appeal for a probationary semester, all of the following procedure must be followed and all necessary documentation must be provided. The appeal must be submitted within 10 days of the date of the notification that you did not meet the conditions of your warning semester.

Required Documentation for Appeal:

1. Completed and signed Merit Scholarship Appeal Form
2. A typed letter (no longer than one page) explaining the unusual circumstances and how they affected your ability to meet the minimum requirement, and what has changed in your situation that would allow you to meet the minimum requirement at the next evaluation. Do not discuss in your appeal your need for financial aid as part of your rationale for reinstatement of scholarship. It is assumed that any student filing an appeal is doing so based upon financial need.
3. Provide documentation that proves your unusual circumstances during the semester for which an appeal is being made. For example, if the reason is medical, a letter from a physician or copies of medical bills. The letter should state the medical problem, when it occurred and whether it will interfere with future school attendance. This documentation cannot be from another student, parent or spouse.

A decision regarding the appeal will be based upon the information provided at the time the request is submitted. You will receive a written notification of the decision within 10 business days of the appeal request. If a decision has not been made on your appeal by the time classes begin, you will need to make payment arrangements or you may be dropped from your classes. All decisions are final.



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Name:		H#:			
Address:					
City:		State:		Zip:	
Telephone:			Email:		
Which semester will you be attending next? (check one)					
<input type="checkbox"/> Summer_____ <input type="checkbox"/> Fall_____ <input type="checkbox"/> Spring_____					
The information provided on this form, in my written statement and all accompanying documentation is accurate and complete to the best of my knowledge. I also agree to provide additional documentation if requested by the Financial Aid Office.					
Student Signature :			Date:		

The plan must list at a minimum the courses that you will take in each remaining term of the current school year. Asterick any repeat courses.

Academic Plan of Study

****THE PLAN OF STUDY MUST BE SIGNED BY THE STUDENT'S ADVISOR****

Student's Signature	Fall 20__	Student's H #
Course #	Description	Credits/Anticipated Grade to be earned
Spring 20__		
Course #	Description	Credits/Anticipated Grade to be earned
Summer 20__		
Course #	Description	Credits/Anticipated Grade to be earned

Advisor's Printed Name:		Date:
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