SHIPPENSBURG UNIVERSITY

Raider Success Scholarship (RSS) Appeal Form

Name:	SU ID #:
Address:	Phone #:
Academic Year You Failed to Meet RSS Conditions:	
I am appealing the loss of my Raider Success Scholarship due to one of the following extenuating circumstances beyond my control:	
Student Injury or Illness	Illness or Death in family

In support of my case I am providing, along with this completed and signed form, the following information:

- 1. An APPEAL LETTER, type written and no longer than one page, that explains (1) my circumstances and how my circumstances caused my failure to meet scholarship conditions and (2) what has changed in my situation that will allow me to meet scholarship conditions at the next evaluation.
- 2. Appropriate third party documentation to verify what I stated in my APPEAL LETTER. Appeals submitted without the appropriate third party documentation will be denied.

If your appeal is based on student injury or illness, please submit a letter from the attending physician, therapist or counselor. This letter must be on their office letterhead and signed by the medical professional providing the statement. We will not accept medical records or a prescription from a medical professional.

If your appeal is based on the illness or death of a family member, please submit documentation for the illness/death of a family member <u>and</u> proof of your relationship to that person.

Appeals based on being unaware of the Scholarship Conditions will not be considered as this policy is outlined in the terms of your RSS Acceptance form.

I give permission to the Raider Success Scholarship Committee to review my financial aid records, my academic records, and my judicial records, which are on file at Shippensburg University.

Student's Signature:

Date: _____

RETURN TO: Raider Success Scholarship Committee c/o Financial Aid Office Shippensburg University 1871 Old Main Drive, OM101 Shippensburg, PA 17257 Fax to: 717-477-4016 Email to: <u>rsscholarship@ship.edu</u>

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