



IUPUI Student Scholarship Appeal Form

Student Name: _____ Student ID: _____

Name of Scholarship(s): _____

Last semester funds received: _____ Cumulative GPA: ____ Grade Level: _____

Telephone Number: _____ E-mail: _____

Reason Scholarship Revoked:

____ Below minimum GPA necessary to maintain scholarship

____ Below required number of credit hours

____ Other, (explain) _____

Please include following information along with the appeal form:

- A typed Statement of Appeal stating the reasons why you failed to meet the minimum requirements to maintain your scholarship award.
- Documentation to support Statement of Appeal.
- Copy of your **OneStart** academic transcript.

Signature: _____ Date: _____

For questions regarding this form, please contact the Office of Student Scholarships at (317) 274-5516 or (317) 274-3720.

Please return to:

IUPUI-Office of Student Scholarships
425 University Blvd; CA 103
Indianapolis, IN 46202-5143

Khalilah Payne
Assistant Director of Student Scholarships-IUPUI
(317) 278-1795