

# Renewable Scholarship Appeal

## 2023-24

(Fall 2023, Spring 2024, Summer 2024)



Office of Financial Aid  
UNIVERSITY OF COLORADO BOULDER

Name: \_\_\_\_\_  
Student's Name (Last, First, M.I.)

ID: \_\_\_\_\_  
Student Identification Number (SID)

Complete this form if you have extenuating circumstances which caused you to become ineligible for your renewable scholarship. Appeals will be considered for the following circumstances: medical condition (personal/immediate family), a death in the family, motor vehicle or home accident, interpersonal/family relationship issues, homelessness or other compelling circumstance.

### Appeal Process

- A complete appeal should include: this form, supporting documentation for your extenuating circumstance and a personal statement.
- Submit appeal no later than the third Friday of the term you are no longer eligible (typically fall semester).

### 1. Which renewable scholarship(s) are you appealing for?

- |   |  |
|---|--|
| <input type="checkbox"/> Arts and Humanities Merit Scholarship (A&H)  | <input type="checkbox"/> Outstanding Colorado Students Award |
| <input type="checkbox"/> Chancellor's Achievement Scholarship   | <input type="checkbox"/> Presidential Scholarship            |
| <input type="checkbox"/> Esteemed Scholars Program  | <input type="checkbox"/> Regent Scholarship                  |
| <input type="checkbox"/> First Nations or White Antelope Memorial Scholarship   | <input type="checkbox"/> Schuman Scholarship                 |
| <input type="checkbox"/> First Generation Scholarship   | <input type="checkbox"/> Transfer Excellence Scholarship     |
| <input type="checkbox"/> Other (for departmental/school scholarships, please contact their office, do not use this form): _____ |  |

### 2. Check the box(es) that reflect the extenuating circumstance(s) you encountered during the 2022-23 academic year:

- ☐ **Personal Medical Condition**  
Submit one of the following: 1) a statement from your health care provider with dates of visits/advised period of recovery. 2) Copy of medical records indicating dates of diagnosis/treatment 3) hospital records indicating dates of hospitalization
- ☐ **Child/Spouse/Parent Medical Condition**  
Submit one of the following: 1) Statement from the child/spouse/parent's health care provider with dates of visits/advised period of recovery. 2) Copy of medical records indicating dates of diagnosis/treatment 3) hospital records indicating dates of hospitalization 4) Daycare/school records documenting illness
- ☐ **Bereavement – Death of Family Member or Friend**  
Submit copy of obituary or letter from a professional counselor or member of clergy indicating date of death and relationship.
- ☐ **Motor Vehicle or Home Accident**  
Submit copy of police report, court documents or medical records indicating date of event.
- ☐ **Interpersonal/Family Relationship Issues**  
Submit letter from therapist, clergy, or other licensed professional indicating dates of visits and/or advised period of recovery.
- ☐ **Homelessness**  
Submit copy of eviction notice or letter from housing authority or transitional housing program.
- ☐ **Other**

**FORM CONTINUED ON NEXT PAGE**

Please submit your form by mail or online at [www.colorado.edu/financialaid/forms/secure-document-upload](http://www.colorado.edu/financialaid/forms/secure-document-upload)  
77 UCB • Boulder, Colorado 80309-0077 • [www.colorado.edu/financialaid](http://www.colorado.edu/financialaid)

If 'other' circumstance selected: Submit a letter from a third party familiar with your extenuating circumstances (other than family, friends, and co-workers). The author of the letter should indicate their relationship to you, provide detail of your extenuating circumstance and date/date range of when the special circumstance occurred.

- 3. Required: Write and submit a personal statement explaining how your academic performance was affected, how you were prevented from meeting the renewal requirements and what actions you will take to be successful moving forward. We encourage you to use [campus resources](#) to assist with your academic success.**

Be sure to write your name and student ID number on each page.

*CU Boulder has a responsibility to provide a safe and nondiscriminatory environment. If you disclose that you have been impacted by sexual misconduct, protected-class discrimination or harassment, intimate partner violence, stalking or related retaliation, we are required to share that information to the Office of Institutional Equity and Compliance (OIEC) for outreach regarding support and reporting options. You are not required to respond to OIEC. If you need support, including confidential assistance, visit: [colorado.edu/oiec/support-resources/cu-boulder-resources](https://colorado.edu/oiec/support-resources/cu-boulder-resources). If you have questions before you submit, contact the confidential Office of Victim Assistance.*

*Additionally, please note that the university takes disclosures around threat of harm to self or others seriously and when information of this nature is received, it will be shared with the appropriate offices to offer additional support and resources.*

By signing this form, I acknowledge and agree to the appeal process stated above and have submitted required documentation of my circumstance and a personal statement. I also understand that I am not eligible for payment of the renewable scholarship unless an appeal is approved.

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Student signature

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Date

*Electronic and typed signatures are not accepted*