



**Please Note:**

You will receive a response to your Iona email account one month after the deadline (Fall is July 15 & Spring is January 15)

## Iona College Financial Aid Institutional Scholarship Appeal Form

Complete the following information and submit to the Student Financial Services Office. You may mail the form and accompanying paperwork to 715 North Avenue, New Rochelle, NY 10801 or fax it to (914) 633-2096.

A student that does not meet the academic renewal criteria for Iona Academic Awards is given the opportunity to appeal based on mitigating circumstances beyond the student's control. Mitigating circumstances include a serious health condition, the death or serious health condition of an immediate family member or a traumatic/extraordinary event. Mitigating circumstance does not include college adjustment, problems with roommates, difficult course load, misunderstanding of scholarship requirements, etc. Please note that mitigating circumstances do not guarantee approval of this scholarship appeal.

Name: (Please print clearly) \_\_\_\_\_ Student ID: \_\_\_\_\_

Address \_\_\_\_\_

Iona Email Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of Scholarship: \_\_\_\_\_

Appeal for: Fall \_\_\_\_ Spring \_\_\_\_

Major: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

### Indicate the reason for the appeal:

**Serious health condition, please include:**

**\*\*Please provide the following information:\*\***

- ⇒ Attach a typed, or neatly hand written, **detailed** letter explaining why you have not met the minimum criteria to retain your academic scholarship, and what actions you have taken to correct the situation.
- ⇒ Enclose supporting documentation from medical doctors, advisors, psychologists, etc., to verify the information on this appeal form. Failure to provide information may result in your appeal being denied.

**Death or Serious Health Condition of immediate family member, please include:**

**\*\*Please provide the following information:\*\***

- ⇒ Attach a typed, or neatly hand written, **detailed** letter your relationship to the affected individual, details of health condition and how it affected you.
- ⇒ Enclose supporting documentation from medical doctors, etc., to verify the information on this appeal form. Death Certificate, obituary, or funeral program if applicable.

I am now meeting the **cumulative** GPA requirement and request reinstatement of my scholarship.

### STUDENT CERTIFICATION

I understand that appeal decisions are made on a case by case basis and that the submission of this form does not constitute an approval of my appeal. I will be notified of the decision within 4 weeks of the deadline (the fall semester deadline is July 15 and the deadline for the spring term is January 15 at my Iona email address. I further understand that I must appeal the reinstatement of my scholarship every semester. *Any tuition or fees that I owe Iona College are due on the due date specified regardless of the status of my appeal.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_