



Scholarship Enrollment Appeal

Complete and return this form to the Office of Financial Aid & Scholarships with all required documentation. A signature from the Registrar's office is required. A student must enroll in 3 or more credits their final semester prior to graduation in order to complete this appeal.

Academic Year 2024-2025

Return this completed form by:
Mail: Financial Aid & Scholarships
 University of Minnesota Crookston
 2900 University Ave
 Crookston MN 56716
Email: umc-fa@umn.edu
Questions?
 Ph: 218-281-8550
umc-fa@umn.edu

Student Information			
Full Name	Birthdate	Social Security Number	Student ID Number
Address (street or PO box, city, state, ZIP)			Contact phone number
Appeal Information			
I am appealing for reinstatement of the following financial aid:			
Achievement Scholarship			
Donor-funded Scholarship			
UPromise Scholarship			
Athletic Scholarship			
Outside Aid (outside assistance, scholarships, tribal funds)			
Other _____			
Reason for appeal:			
I am not enrolled full-time due to graduation and have confirmed with the Registrar that I only need _____ credits to graduate for the _____ semester.			
The Registrar's office has reviewed APAS report and certifies the above statement is true.			
Registrar signature: _____ Date: _____			
Certification			
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.			
Signature			Date Signed

To request copies of this form in an alternative format, call a Disability Resource Center at 218-281-8587. The University of Minnesota is an equal opportunity employer and educator.