

	<b>Merit Scholarship Reinstatement Request</b>	Office of Student Financial Aid 1021 Dulaney Valley Road Baltimore, Maryland 21204-2794 P: 410-337-6141 F: 410-337-6504 E: finaid@goucher.edu
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INSTRUCTIONS: Complete the information below and submit this form along with documentation to the financial aid office. Requests are usually by committee, so please allow at least 3 weeks for a response.

**1. STEP ONE:** Tell us about yourself.

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Student Last Name

\_\_\_\_\_

Student First Name

\_\_\_\_\_

Goucher ID Number

\_\_\_\_\_

E-mail

\_\_\_\_\_

Daytime Phone Number

\_\_\_\_\_

Evening Phone Number

**2. STEP TWO:** Tell us why you failed to meet the GPA requirement for your merit scholarship.

**Death of a relative.** Please provide name and relationship to you:

\_\_\_\_\_

**Injury or illness of student or relative.**

**Other special circumstance beyond the student's control.**

Please explain briefly (If additional space is needed please attach a separate written explanation):

**3. STEP THREE:** Tell us what has changed in your situation that will allow you to complete the next semester successfully.

Please explain briefly (If additional space is needed please attach a separate written explanation):

**4. STEP FOUR:** If possible, provide supporting documentation for the information you stated in Steps 2 and 3. Please submit this form with all supporting documentation as a single package.

**5. STEP FIVE:** Sign and date the following statements of understanding:

- The student will be notified via email of the appeal decision.
- If the request is denied a student may regain eligibility if they meet the GPA requirement in future semesters.

By signing this form, I certify that I understand all of the above and that all information reported on this form & within the enclosed documentation is complete & correct.

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

\_\_\_\_\_  
Date

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print, sign in ink, then mail, fax, or scan and e-mail.)