

## Indiana State University Scholarship Office

### Appeal Summer Session Use of Scholarship

#### **Policies and Procedure**

1. Only the attached appeal form from the University Scholarship Office will be accepted.
2. If granted the use of scholarship money for a summer session(s), you must be full-time (6 credit hours).
3. This appeal form must be filled in (print clearly or type) and mailed or turned in to the following address:  

University Scholarship Office  
Erickson Hall 124  
218 N 6<sup>th</sup> Street  
Terre Haute, IN 47809
4. The completed appeal form will be forwarded to the Scholarship Review Board for review and decision. All decisions are final and no further appeal action may be taken.
5. Submission of a appeal does not imply or guarantee any particular outcome including granting of the appeal.
6. The results of your appeal will be sent to you via your ISU Sycamores Email.
7. Your responses must be **thorough** and detailing the purpose and need for use of your scholarship for a summer session(s).
8. For more information, contact the University Scholarship Office by phone at (812) 237-2121 or 1-800-GO-TO-ISU, or by Email at: [scholarships@indstate.edu](mailto:scholarships@indstate.edu)

**Appeal Summer Session Use of Scholarship  
Student Information**

*Please print*

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

ISU SID: 991- \_\_\_\_\_

Cell phone: \_\_\_\_\_

My ISU Email address: \_\_\_\_\_@sycamores.indstate.edu

Local Address: \_\_\_\_\_

Current major: \_\_\_\_\_ Earned hours: \_\_\_\_ Cumulative GPA: \_\_\_\_\_

Semester and year you first received your scholarship: \_\_\_\_\_

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

**Student Statement**  
**Appeal Summer Session Use of Scholarship**

Type, print clearly. Attach a separate sheet if necessary.  
Be thorough with your responses.

Explain your reasons for attending summer session(s).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_