

University of Pittsburgh at Greensburg - Scholarship Appeal Form

*(This form applies to Merit, Resident, Out of State,
Transfer, and/or Deans Scholarships)*

Name: _____ Pitt Student ID #: _____

Address: _____ Expected Grad Date: _____

Email: _____ Phone Number: _____

Eligibility for scholarship renewal is assessed at the end of each spring semester. Scholarships are renewable based on the conditions outlined in your scholarship award letter sent from the Admissions Office.

Appeal Process and Form Instructions

1. Return this signed form and all required documentation to the address on the bottom of this form.
2. Unsigned forms and those submitted without proper documentation will not be processed.
3. An appeal reviewed by the Appeals Committee does not guarantee reinstatement of the scholarship(s).
4. The Appeals Committee will review your appeal and supporting documentation. The Committee's decision will be sent to your Pitt email account within approximately ten (10) business days.
5. All appeal decisions made by the Appeals Committee are final.

Basis for Appeal

1. Check the circumstance that applies to the reason for your deficiency.
 Serious medical illness or injury of student. A signed doctor's statement on office letterhead must be included.
 Death of an immediate family member. A death certificate, obituary or announcement, as well as indication of your relationship must be included.
 Other special and extenuating circumstances along with appropriate documentation.
2. Explain in detail your extenuating circumstances checked above and the circumstances that caused you to fail to meet the scholarship requirements.

I certify that all of the information I have provided for this appeal is complete and accurate.
I understand that all appeal decisions are final.

Student's Signature: _____ Date: _____

Submit complete form along with appropriate documentation to:

University of Pittsburgh at Greensburg
Office of Financial Aid
150 Finoli Drive
Greensburg, PA 15601
upgfnaid@pitt.edu