
2024-2025 Scholarship Appeal & Reinstatement Form

Student Name: _____ Student ID Number: G _____

Year entered GVSU: _____ Expected Graduation Date: _____

Name of Scholarship(s): _____

Class level next year: _____

Please select an option below:

Scholarship Appeal

Select this option if you:

1. Did not meet the minimum criteria for renewal, AND
2. Have experienced unusual circumstances

Note: In addition to filling out this form, please attach a typed document to describe:

- The circumstances that caused you to lose your scholarship
- The steps you will take to overcome these circumstances

OR

Scholarship Reinstatement

Select this option if you:

1. Received a Grand Valley scholarship your previous year at GVSU
2. Did not meet the minimum criteria for renewal, AND
3. Have since met the minimum renewal criteria for the scholarship

Note: The grade point average used to determine your eligibility for reinstatement is the grade point average at the end of the academic year. If you meet these criteria, you are encouraged to complete this form to request reinstatement of your original scholarship.

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of our knowledge. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: _____ Date: _____

Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.