



**GRAND VALLEY  
STATE UNIVERSITY®**

**OFFICE OF FINANCIAL AID  
AND SCHOLARSHIPS**

100 Student Services, One Campus Dr., Allendale, MI 49401  
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### Scholarship Appeal Form

Student Name: \_\_\_\_\_ Student ID Number: G \_\_\_\_\_  
Year entered GVSU: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
Name of Scholarship(s): \_\_\_\_\_

**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

**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

OR

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 submit your completed form and documentation to the Office of Financial Aid & Scholarships via email: [finaid@gvsu.edu](mailto:finaid@gvsu.edu), fax: 616-331-3180, mail, or in person. Be sure to include your name and G Number on all pages. Missing documentation may delay processing.**