

University of Idaho

Student Financial Aid Services
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OFFICE USE ONLY
Doc: SCHRE

Student Appeal for Scholarship or Tuition Waiver Reinstatement

Student: _____ Please Print Student V#: _____

Today's Date: _____ Student Phone #: _____ Aid Year: 20____/20____

You have indicated that a scholarship or tuition waiver you were previously awarded has been cancelled or reversed for one reason or another. The purpose of this form is to appeal for reinstatement of the lost scholarship or waiver.

Letter of Appeal – Your appeal should specifically address which scholarship or waiver you are appealing to have reinstated. Please include any information on why this scholarship was initially lost, and why you feel it should be reinstated, along with how many terms you need reinstated.

CERTIFICATION - By signing below, I certify that the above information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

ELECTRONIC SIGNATURE*

Student Name: _____ Student Date of Birth: _____

☐ I understand by typing my name and date of birth, I am signing this document electronically

**If you do not wish to sign this document electronically you may also print, sign, and return completed form to our office*