

**AURORA UNIVERSITY**  
**APPEAL PETITION**  
**for**  
**SCHOLARSHIPS**

*This form must be returned by:* \_\_\_\_\_

This petition provides a formal avenue to request a review of your financial aid eligibility status.

Name: \_\_\_\_\_ AU ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_ **I choose NOT to appeal.** By choosing not to appeal, I understand I will receive reduced Aurora University monies.

\_\_\_\_\_ **I choose to appeal.** On an additional sheet of paper, please describe the reason(s) for your appeal and what you have done or plan to do to overcome the factors that led to your current academic status. Attach the additional sheet to this form.

**Documentation and Certification**

To the best of my knowledge, all of the information provided on this form is true and complete. If asked by the Financial Aid Appeals Committee, I agree to provide additional proof of the information given on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Submit form and your appeal letter to:***

***Office of Financial Aid  
Aurora University  
347 So. Gladstone Avenue  
Aurora IL 60506-4892***

***Or fax this form to: 630-844-6191***

02/09