



2022-23 Scholarship Appeal

STUDENT INFORMATION

Student Name _____ AU Student ID _____

Daytime Phone _____

Your Aurora University scholarship has been reduced or removed. Submit this form to appeal the decision.

I CHOOSE TO APPEAL THIS DECISION FOR THE SELECTED SEMESTER(S):

FALL 2022

SUBMISSION DATE: AUGUST 29, 2022

SPRING 2023

SUBMISSION DATE: JANUARY 9, 2023

Submit a statement **AND** supporting documentation to appeal. As a guideline, include the following information in your statement:

1. The circumstance affecting your academics
2. When the circumstance occurred
3. The duration of the circumstance
4. How the circumstance affected your ability to complete your coursework
5. What has changed in your situation to allow you to be academically successful
6. Specific steps you will take to assure the university of your future academic success

CERTIFICATION:

- To the best of my knowledge, all of the information provided with this form is true and complete. I agree to provide additional proof of the information submitted in my appeal if requested in the review process.
- I have read and understand the “Conditions for Aurora University Scholarship Renewal and Appeal” section of Aurora University’s Satisfactory Academic Progress policy located on the Aurora University website at aurora.edu/satisfactoryacademicprogress.

Student Signature →**Must be drawn and not typed.**

Date

For Office Use Only:

Comments: _____

___ Approved for the year ___ Approved Term-By-Term (Term GPA _____)

___ Re-evaluate after summer grades submitted ___ Denied; will receive _____

Signature: _____ Date: _____

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: finaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.