



Dixie State University
Financial Aid & Scholarships
225 South 700 East
St. George UT 84770
Fax: 435-879-4087

Scholarship Appeal

Full Name: _____ Date: _____

Dixie ID: _____ Phone/Cell Number: _____

Address: _____

YOU MUST COMPLETE ALL ITEMS

- 1. Which semester are you requesting scholarship reinstatement? Fall ____ Spring ____ Year _____
2. What is your current Academic Degree Program? _____
3. What is your current grade level? _____ (i.e. freshman, sophomore, etc.)
4. What is your current cumulative GPA? _____
5. Please attach a full explanation of the unusual or extenuating circumstances which kept you from meeting the Scholarship Requirements: GPA, Credit Hours etc. Please be specific as possible.

Note: You must attach the appropriate documentation to justify your appeal.

A decision concerning this appeal will be sent to your D-mail account. If approved, you may need to meet with the Assistant Director of Scholarships and sign additional documents before your scholarship will be re-instated.

To the best of my knowledge, the information in this appeal is true and accurate. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation of scholarship funds and may be turned over to the Utah Attorney General's Office to determine if the appeal is fraudulent.

Student signature

D-mail account please print clearly



Official Use Only – Do Not Write Below the Dotted Line

GPA: _____

Committee Initials:

Completed Hours: _____ () Approved () Denied

Comments: _____