DAVENPORT UNIVERSITY

Scholarship Appeal Form

Name_____ Student ID_____

Address_____ Phone #_____

City/State/Zip_____

Student email address _____

Please print this form and write or type your appeal on it (additional pages may be attached). Use this appeal to explain why you did not meet the GPA renewal requirement of your DU Institutional Academic Scholarship. Your appeal should include what happened and your plan for future success at DU. Please request that your scholarship be reinstated. Submit all documentation pertaining to any mitigating circumstances that affected your performance in your classes.

Submit your appeal via: davenport.edu/FADocUpload; or Fax to 616-732-1141; or Mail to Davenport University, Attn: Financial Aid, 6191 Kraft Ave., Grand Rapids, MI 49512.

After receiving your appeal, we will respond to you in writing within fourteen business days.

Student Hand-Signature Date

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Office Use Only—FA-SCHAP