

## SCHOLARSHIP APPEAL FORM

**Please complete both sides of this form and attach all pertinent documentation.** Return to the Scholarship Office at the NOC campus you are attending.

NAME:	SSN:	
LOCAL ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER:		_
prepare them to contribute pathere to the academic star institution as defined in the in	values the well-being of our students positively to society. To be considere padards policies as well as the drug of pastitutional catalog and student hand paper may result in removal of scholar	ed for scholarships, applicants must and student conduct policies of the dbook – Guide to Student Rights and
meeting the required academ	e give an explanation of the circurnic standards policies as well as the include additional documentation	drug and student conduct policies
		3

In the section below, please explain what has changed in you allow you to improve next semester and be in compliance vecommittee approves this appeal.	-
I fully understand should this appeal be granted, I will be place that I must bring myself into compliance with NOC's policie that I will lose my eligibility for scholarship aid at Norther	es. If I fail to do so, I understand
I also understand that I am responsible for payment of the enrol I am currently enrolled regardless of the outcome of the appear	
By signing this form, I am declaring that everything I had documentation included is correct to the best of my knowled documentation included in this appeal to be false, I understand	ge. Should the committee find any
Student's Signature:	Date: