



SCHOLARSHIP APPEAL FORM

Please complete the front side of this form and attach all pertinent documentation supporting your appeal.
Print and return to the Scholarship Office, or submit electronically.

NAME: _____ STUDENT ID: _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

For information about NOC's scholarship policies and procedures, go to <https://www.noc.edu/students/current-students/scholarships/>.

I am appealing the decision made regarding:

- ☐ Special Circumstances Form
- ☐ Satisfactory Academic Progress
- ☐ Other circumstances:

REASONS FOR YOUR APPEAL – Check the reason(s) for which you are submitting this appeal

- ☐ My own medical/physical illness, injury, or disability
- ☐ Personal Reasons
- ☐ Family, including death of a family member
- ☐ Other – Please describe: _____

CERTIFICATION STATEMENT

I, the student, certify all of the following:

1. I have submitted a personal, signed statement with this appeal.
2. I understand the Committee's decision is final and cannot be overturned or re-appealed.
3. I understand submission of this appeal does not guarantee approval.
4. All of the information provided with the submission of this appeal is true and complete to the best of my knowledge.
5. If necessary, I agree to provide further proof of the information that I have given and
6. That my appeal may be denied for failure to substantiate my circumstances or for lack of documentation.

Important: Incomplete or missing documentation will delay the appeal process. After initial review, additional documentation may be required. Appeal review may result in required application corrections. Students waiting for an appeal decision should be fully prepared to assume responsibility for all course enrollment and account balance payment, regardless of the appeal decision.

Student's Signature: _____ Date: _____