TEXAS A&M UNIVERSITY - CORPUS CHRISTI
Scholarship Appeal Form

Students may use this form to appeal a scholarship being removed. The appeal will be sent to the appropriate scholarship committee. Please allow time for processing and committee review.

Name________________________________________________________________________Student ID___________________________

Current Address_____________________________________________________________________________________________________

Current City________________________________________________________________________________________________________

State_______ Zip Code________ Current Telephone Number____________________________

Name of Scholarship you are Appealing__________________________________________________________________________________

**Appeal Letter**
Submit an appeal letter addressed to the University Scholarship Committee clearly stating the grounds for your appeal. Explain your situation: why you were not able to meet the minimum requirements and your plan of action to improve your scholarship status. Take this opportunity to inform the committee of any extenuating circumstances you may have. Attach any additional documentation you want the committee to consider.

**Letter of Support (Recommended)**
It is recommended that you include one (1) letter of support from a faculty member of Texas A&M University- Corpus Christi (TAMU-CC). The letter should be addressed to the University Scholarship Committee and must be attached in a sealed envelope. A good letter of support will address your potential as a student and the likelihood that you will be able to succeed in college.

**Documentation (Recommended)**
It is recommended that you include any documentation supporting the basis of your appeal. For example, include documentation from a doctor if you were sick. The committee would also like see documentation on what you have done to improve your performance. For example, attended study sessions or tutoring.

**Certification**
All information on this form is true and complete to the best of my knowledge.

Date: __________________________ Signature: __________________________________________________________________________

Without a signature this appeal will NOT be processed.

All forms must be submitted to the Scholarship Office at the Student Services Center, Room 205; or you may mail the form to:
Texas A&M University-Corpus Christi
Scholarship Office
6300 Ocean Drive Unit 5773
Corpus Christi, TX 78412