



# 2018-2019 Criswell Scholarship Appeal Appeal Request Form

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Email \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for Appeal Request:**

- Medical, Physical Illness, Injury, or Disability
- Personal
- Family
- Other: \_\_\_\_\_

**Scholarships Appealed: (Check all that apply)**

President's Scholarship	Hallman Scholarship for Widows
Provost's Scholarship	Missionary Dependent Grant
Christian Experience Scholarship	Homeschool Scholarship
Criswell College Alumni Scholarship	Church Matching Grant
W.A. Criswell Scholarship	Other: _____

**Actions Required: (Check all items prior to submission)**

	I have attached a personal statement explaining my circumstances
	I have attached documentation to support the reason for my appeal
	I understand the Director of Financial Aid's decision is final
	I understand submission of appeal does not guarantee approval
	I agree to provide further documentation if requested by Financial Aid Department
	I certify the information in this appeal is true and complete to the best of my knowledge

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Return this completed form to:**

Office of Financial Aid – Criswell College – 4010 Gaston Avenue - Dallas, TX 75246

**Office of Financial Aid Use Only**

**Director's Decision:**       Approved       Denied       Letter Sent  
**Term Appeal Takes Effect:**     Fall 2018       Spring 2019       Summer 2019

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Director's Signature**

\_\_\_\_\_  
**Date**