

2026-2027 Institutional Scholarship Appeal



Office of Financial Aid

Student Name: _____

Student ID: _____

Contact Information:

Best Phone Number: _____ Email Address: _____@pfw.edu

Scholarship Information:

Type of Scholarship:

- ☐ Summit Scholarship
☐ Purdue Fort Wayne Scholarship
☐ Other: _____

For what semester are you seeking reinstatement of the scholarship?

☐ Fall ☐ Spring

Less than Full-time Enrollment: ☐ YES ☐ NO

If you will be attending less than full-time, please indicate the semester and year you expect to graduate (Example: Fall 2027).

Semester

Year

Note, less than full-time enrollment will only be considered by committee review if the student has submitted a graduation application with the Registrar's Office for the term being requested.

Reinstatement Request Statement:

Reasons for requesting reinstatement of the scholarship include: (a) you are enrolled less than full-time in your final semester and expect to graduate at the end of this semester, (b) you are in co-op and therefore are enrolled less than full-time, or (c) you did not meet one of the renewal criteria and why.

You may write anything you wish regarding your request for reinstatement. However, your statement should include an explanation of why you are submitting the appeal as well as any vital information to help us understand your situation when processing your appeal. You may include additional pages with your statement if the room below is insufficient.

You must include additional documentation from an academic advisor(s) or other university staff as well as any other off-campus representative(s) who can support your request with this appeal.

Our Scholarship Appeals Committee appreciates being able to fully understand your circumstances for requesting reinstatement. You will be notified through your student email (@pfw.edu) if further information is needed, or of the outcome, usually within 10-15 business days (2-3 weeks) of turning in your petition. Incomplete submissions will not be processed and could result in a financial balance with PFW Bursar Office.

Signature: _____ Date: _____

*Submit this completed form and all additional documents to the **Institutional Scholarship Appeals Committee** by fax, mail, or in person. Email submissions and electronic signatures will not be processed.*