

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

2020-2021 SCHOLARSHIP APPEAL FORM – LEAVE OF ABSENCE

STUDENT NAME _____

NU ID _____

Students who do not meet established scholarship renewal criteria have the opportunity to appeal on the basis of relevant, significant, and document-able extenuating circumstances for which they could not plan, influence, or prevent. In addition, students requesting a leave of absence (e.g., military obligation, religious mission service, internship, medical complication, etc.) must also appeal for consideration.

Submit this form, along with the items listed below, to the Office of Scholarships and Financial Aid per the term deadlines listed below:

Fall: September 1, 2020
Spring: February 1, 2021

Please list the Scholarship Program(s) administered by the Office of Scholarships and Financial Aid and/or the Office of Undergraduate Admissions to which you are appealing and check the box of the appeal situation that applies to you.

Scholarship Program(s) _____

I am appealing for a leave of absence for the following situation and for the following term(s): Summer 2020 Fall 2020 Spring 2021

Military or Religious
Service Obligation

Medical

Internship
Opportunity

Other

Submit this form with:

1. A Typed Narrative, written by the student that includes the following:

- a. Outline specific military or religious service obligation, internship opportunity or medical complication which will preclude you from being able to maintain continuous enrollment.
 - i. Provide official documentation outlining the duration of the break of enrollment and confirmation of the term you will be able to return as a full-time student.
 - ii. If the break is due to a medical complication, provide a letter of prognosis from a physician, counselor, or licensed professional along with confirmation of when you would be medically authorized to return as a full-time student.

2. If Internship, a Letter of Support from your Academic Department on official Letterhead or by email directly from the department. Letter should identify how participation in this program enhances your learning and/or career objectives.

Important Notes:

- Appeals are only reviewed for scholarship selections made by the Office of Scholarships and Financial Aid and/or the Office of Undergraduate Admissions
- Please allow the Scholarship Appeal Committee 3-4 weeks to review and consider your appeal after all necessary supporting documentation has been received
- The appeal form must be signed by the student or uploaded into MyRed.
- The appeal narrative must be written by the student.
- Most documents can be scanned and uploaded into MyRed (Click on the Financial Aid tab and then in the upper right-hand corner is the Upload Documents button).
- Students enrolled in Co-Op courses do not need to request a leave of absence if working in coordination with the College of Engineering Career Development & Academic Advising Coordinator.
- Scholarship Appeal decisions are final and not subject to further review.

I acknowledge the terms and conditions of appealing for scholarship reinstatement and the information I have provided is true and accurate to the best of my knowledge.

STUDENT SIGNATURE _____

DATE _____

(Signature not required if documents uploaded in MyRed)

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Extenuating Circumstances and Documentation

<p><i>Extenuating Circumstance should have occurred within the academic year that caused the student to not meet the renewal criteria for their scholarship(s).</i></p>	<p>Recommended Documentation – Submit at least one type of documentation</p>
<p>COVID-19 Related extenuating circumstances that took place after March 13, 2020 (date when UNL moved to remote learning)</p>	<p>If your particular circumstance is not listed here and there is no third party who can provide a supporting document, please ensure your letter of appeal best describes what took place and when and how the issue was resolved</p>
<p>Medical Condition Serious illness, dental emergency, change in health status, surgery, hospitalization or mental health issue</p>	<ul style="list-style-type: none"> ▪ Letter from health care provider/or other licensed professional with advised period of recovery, dates of office visits. ▪ Medical Records
<p>Student’s Immediate Family: Child or parent medical condition (if parent, student needs to provide documentation that he/she was required to care for parent).</p>	<ul style="list-style-type: none"> ▪ Records from doctor visits ▪ Letter stating doctor advised period of recovery ▪ Hospitalization records
<p>Death of Family Member</p>	<ul style="list-style-type: none"> ▪ Obituary or death certificate ▪ Letter from counselor <p><i>(Documentation should include date and indicate relationship to the deceased.)</i></p>
<p>Housing Issues</p>	<ul style="list-style-type: none"> ▪ Letter from Resident Director ▪ Eviction notice ▪ Letter from transitional housing program
<p>Family Issues</p>	<ul style="list-style-type: none"> ▪ Letter from therapist or other licensed professional
<p>Assault or Domestic Violence</p>	<ul style="list-style-type: none"> ▪ Police Report ▪ Court Documentation ▪ Letter from clergy, social worker, licensed professional or doctor

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The University of Nebraska does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. UNL is dedicated to the prevention of sexual discrimination, sexual harassment, and sexual misconduct, and providing a safe campus for its employees and students. Responsible Employees (RE) are individuals working at UNL who have an obligation to inform the Title IX Coordinator of allegations of such instances. Visit <http://www.unl.edu/equity/title-ix> for more information.

Office of Scholarships & Financial Aid
P.O. Box 880411
Lincoln, NE 68588-0411

Phone: 402.472.2030 or 1.800.742.8800, ext. 2030

Fax: 402.472.9826

Email: huskerhub@unl.edu

Most documents can be scanned and uploaded
into MyRed (Financial Aid Tab)