

MAINE MARITIME ACADEMY

SCHOLARSHIP APPEAL FORM

If you wish to appeal a scholarship decision, please complete this form and provide detailed reasons for your appeal along with any supporting documentation. Common reasons for appeal include financial hardship, academic performance, medical issues, or personal circumstances. Submit the completed form and documentation to the Financial Aid Office by mail, email, or in person. Appeal applications must be received by the start of the academic year.

Student's Information:

Name: _____ Date of Birth: _____ Student ID #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

Current Major: _____ Grade Level: _____ Cumulative GPA: _____

Which semester are you submitting a scholarship appeal? Fall _____ Spring _____ Year _____

Section 2: Explanation of Special Circumstances

Describe the circumstances that prevented you from meeting the scholarship retention requirements. In your explanation, please include the following information: (A) the issue that caused you to fall short of the minimum GPA requirement; (B) the time period during which the problem occurred; (C) the duration of the issue; (D) how it impacted your ability to complete your coursework; and (E) the actions you have taken to ensure that you will meet the minimum standards in the future. Provide as much detail as possible.

Office of Financial Aid | (207) 326-2339 | 1 Pleasant St | Quick Hall | financialaid@mma.edu

Castine, Maine 04420

mainemaritime.edu

Section 2: Reason for Appeal

	Special Circumstance	Recommended Documentation
	Severe illness, medical condition, or injury	Signed and dated letter from physician on office letterhead verifying medical problems experienced and treatment received.
	Divorce or Separation	Divorce decree, legal separation documents, or a letter from an attorney stating marital status of parties involved.
	Death of a Family Member	Copy of the death certificate.
	Traumatic life-altering event	Evidence of an event such as an insurance claim or FEMA application.
	Other circumstances (Please clearly state the circumstance if not listed above: _____ _____	Appropriate documentation which will verify the situation

Section 3: Student Certification

I understand the submission of this form does not constitute an approval of my appeal. I will be notified of the committee's decision by email at the address provided. I certify that my appeal includes both of the following requirements. (Please initial.)

____ A personal statement explaining why I was unable to meet the requirements to retain the scholarship(s) and why I believe I can meet the requirements in the future.

____ Documentation from third parties (i.e. medical records, legal documents, death certificate) which supports my appeal. (This documentation cannot be from a family member or friend.)

Student Signature: _____ Date: _____

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