

Office 785-532-6420
Secure Upload on Website: [k-state.edu/sfa](https://www.k-state.edu/sfa)119 Anderson Hall | 919 Mid-Campus Drive North
Manhattan, Kansas 66506-0107**Submission Deadline: Sunday, August 1, 2021**_____
Student's Name (Last, First, MI)_____
Wildcat Identification Number_____
Student's K-State Email Address_____
Student's Phone Number**You must complete the following steps:**

- ❶ Complete, sign and submit this Scholarship Appeal Form.
- ❷ Complete and submit a typed *personal statement* (one page maximum) explaining how extenuating circumstances you encountered during the 2020-2021 academic year prevented you from meeting the renewal requirement for your scholarship or waiver. (Be sure to provide your Wildcat ID at the top of your personal statement before submitting.)
- ❸ Submit at least one form of *supporting documentation* for each extenuating circumstance you check on this form in addition to your typed personal statement. (Be sure to provide your Wildcat ID at the top of every supporting documentation page before submitting.)
- ❹ Submit all items via secure upload at: <https://www.k-state.edu/sfa/manage/forms/upload/index.html> OR, via mail at: Office of Student Financial Assistance, 119 Anderson Hall, 919 Mid-Campus Drive North, Manhattan, Kansas 66506-0107

Check the box(es) that reflect the extenuating circumstances you encountered during the 2020-21 academic year:☐ **Personal Medical Condition**

- Provide a statement from your health care provider, dentist, or other licensed health professional with dates of visits and/or advised period of recovery (no other medical records or information are necessary) OR
- Copy of medical records indicating dates of diagnosis and/or treatment OR
- Hospital records indicating dates of hospitalization

In any circumstance, please provide only the document(s) necessary to substantiate the extenuating circumstance.*☐ **Spouse/Child/Parent Medical Condition

- Provide a statement from the spouse, child, or parents' health care provider, dentist, or other licensed health professional with dates of visits and/or advised period of recovery (no other medical records or information are necessary) OR
- Copy of medical records indicating dates of diagnosis and/or treatment OR
- Records from daycare/school that child could not attend due to illness OR
- Hospital records indicating dates of hospitalization

**In any circumstance, please provide only the document(s) necessary to substantiate the extenuating circumstance.*

☐ **Bereavement – Death of Family Member or Friend**

- Provide a copy of obituary OR
- Letter from a professional counselor or member of clergy indicating date of death and relationship

☐ **Motor Vehicle or Home Accident**

- Provide copy of police report OR
- Copy of court documents OR
- Medical records indicating date of event

☐ **Interpersonal/Family Relationship Issues**

- Letter from therapist, clergy, or other licensed professional indicating dates of visits and/or advised period of recovery

☐ **Homelessness**

- Copy of eviction notice OR
- Letter from housing authority or transitional housing program

☐ **Other**

- As supporting documentation to your personal statement of appeal, please provide a letter from a third party* familiar with your extenuating circumstances. The author of the letter should indicate her/his relationship to you, provide detail of your extenuating circumstance, and date/date range of when the special circumstance occurred.

**Note: Letters from family members, friends, or co-workers will not be considered.*

Required: review and check all statements before submission:

- ☐ I have read the Scholarship Renewal Information applicable to my personal award along with the Frequently Asked Questions section at: <https://www.k-state.edu/sfa/aid/scholarships/renewal/index.html>
- ☐ I have completed and signed this Scholarship Appeal Form
- ☐ I am submitting a typed *personal statement* (one-page maximum) explaining how my extenuating circumstances during the 2020-2021 academic year prevented me from meeting the renewal requirement for my award.
- ☐ I am submitting at least one form of *supporting documentation* for each extenuating circumstance I have checked on this Scholarship Appeal Form.
- ☐ I understand review of my appeal may take up to two weeks depending upon when I submit my complete appeal.
- ☐ I understand that my appeal may be denied and that any appeal decision reached by the Office of Student Financial Assistance, acting under the direction of its director, is final and may not be further appealed.

Important:

Incomplete or missing information will delay appeal process. Any changes to financial aid awards will be contingent on availability of funding. After initial review, additional documentation may be required. Students waiting for an appeal decision should be fully prepared to assume responsibility for all course enrollment and account balance payments, regardless of appeal decision.

Student Access Center Reminder

Students with disabilities who need classroom accommodations, access to technology, or information about emergency building/campus evacuation processes should contact the Student Access Center and/or their instructor. Services are available to students with a wide range of disabilities including, but not limited to, physical disabilities, medical conditions, learning disabilities, attention deficit disorder, depression, and anxiety. If you are a student enrolled in campus/online courses through the Manhattan or Olathe campuses, contact the Student Access Center at accesscenter@k-state.edu or 785-532-6441. For the K-State Polytechnic campus, contact Academic and Student Services at polytechnicadvising@k-state.edu or 785-826-2674.

Privacy Notice

Please be aware that Kansas State University will be processing your personal data.

K-State will be processing your personal data because it furthers K-State's performance, or preparation for performance, of a contract or agreement to provide educational and other services to you, or because you have consented to that processing. K-State's [Privacy Notice and Request for Consent](#) details the nature and purposes of that processing.

K-State's Privacy Notice and Request for Consent also sets forth in detail your rights, as and if applicable, with regard to K-State's processing of your personal data. These rights may include the right to request access to your personal data and the rectification of inaccurate data, as well as the erasure or the restriction of processing of your data in certain circumstances. You may exercise these rights, as and if applicable, by contacting K-State using the following email address: registrar@k-state.edu.

Please read K-State's [Privacy Notice and Request for Consent](#) carefully and provide your consent by signing below.

Certification Statement

By signing this verification form, I certify that all of the information reported is complete and accurate.

Signature of Student (required)

Date

Digital signatures are not accepted.