Scholarship Appeal Form

The Fine Arts Association’s appeal process is the most appropriate and efficient way to request a formal review of a scholarship award decision. An appeal functions as a process to clarify and interpret guidelines and procedures and, when necessary, also serves as a process for error correction. An appeal may or may not warrant the reversal of the Scholarship Committee’s decision. Appeals that have been reviewed or settled are not reviewable.

If a Fine Arts Association student, parent or guardian would like to appeal a scholarship award decision, they need to complete this form and return it to the Director of Education within four weeks of the scholarship award notification. The Director of Education will take the completed appeal form along with any attachments to the Scholarship Committee. The Scholarship Committee may take up to four weeks to reply to the appeal request and will reply with a formal appeal response letter.

A Scholarship Appeal Letter should be written by the student if 18 or over and by the parent/guardian if the student is under age 18.

Student Name ________________________________________ Today’s Date __________________
Street Address __________________________________________
City _________________________ Zip Code ____________ County ________________
Name of Parent/Guardian (if under 18 years of age) __________________________________________
Address (if different from student) _______________________________________________________
Primary Phone ____________ Secondary Phone ____________ E-mail _________________________
Current enrollment (name of faculty, class/private lessons) __________________________________

Summary of past enrollment(s): __________________________

Summary of past scholarship(s): __________________________

Please describe the issue you would like reviewed: (Please use the back side of this form if more space is needed)

_____________________________________________________________________________________

If a different amount is requested, please describe how much you believe you/the student should receive and why. (Please use the back side of this form if more space is needed)

_____________________________________________________________________________________

☐ I have attached a copy of the scholarship award notification in question.

By signing below, I am stating I have completed the form above to the best of my ability and that I have enclosed the scholarship award notification.

____________________________________________ ______________________________
Student (or Parent/Guardian) Signature Date