

## 2020-2021 Tuition Scholarship Reinstatement Request

A. Student Information		Term:
Student Name:	7-digit NAU ID Number:	Fall <input type="checkbox"/>
Phone:	NAU E-mail:	Spring <input type="checkbox"/>

**Priority Dates** (date to guarantee request is reviewed before the term's financial aid disbursement):

**Fall:** July 20 **Spring:** November 1

**Deadline to submit for evaluation:** **Fall:** October 31 **Spring:** March 31

- **All requests require a completed Reinstatement Request Form and supporting documentation.**
- Complete reinstatement requests will be reviewed by the committee within 25 business days of receipt.
- Incomplete reinstatement requests will not be reviewed and/or may be denied.
- Students awaiting a decision are responsible for all tuition, fees, and other university charges by assigned due dates. Late fees will not be waived for non-payment while awaiting a decision.
- Submission of this request does not guarantee approval of a scholarship reinstatement.
- You may only submit one reinstatement during your undergraduate career.
- The Reinstatement Committee reserves the right to award a merit scholarship of a lesser amount. Appeals for a higher merit award are not allowable.
- You must be enrolled for the term you are seeking reinstatement before your request will be reviewed.

B. Reason for Reinstatement Request	
Check all reinstatement circumstances that apply and submit required supporting documents.	
Circumstances	Example Documentation
<input type="checkbox"/> <b>Mental or Physical Illness or Injury:</b> You, or a member of your family, suffered from a condition or incident that negatively affected your ability to participate in your studies.	<ul style="list-style-type: none"> <li>• Signed and dated letter from a physician, therapist, or other health professional confirming the illness or injury</li> <li>• Police report</li> </ul>
<input type="checkbox"/> <b>Death of a Family Member or Significant Person:</b> A member of your immediate family or an emotionally significant person in your life passed away.	<ul style="list-style-type: none"> <li>• Signed and dated letter from a mental health professional assisting you with grief</li> <li>• Copy of a death certificate</li> </ul>
<input type="checkbox"/> <b>Work Schedule:</b> Your previous work schedule hindered your ability to meet your scholarship requirements.	<ul style="list-style-type: none"> <li>• Documentation from a supervisor regarding workload &amp; how it will be changed in the future</li> <li>• Pay stubs</li> </ul>
<input type="checkbox"/> <b>Religious Mission:</b> You began a religious mission that required you to be absent from school.	<ul style="list-style-type: none"> <li>• Mission Certificate</li> </ul>
<input type="checkbox"/> <b>Major Life Event:</b> You underwent a major life change or other personal circumstance that negatively impacted your ability to meet your scholarship requirements. Examples of this could be a divorce or the birth of a child.	<ul style="list-style-type: none"> <li>• Separation agreement or divorce decree</li> <li>• Record of your child's birth</li> <li>• Any other documentation</li> </ul>

### C. Personal Statement *(required)*

Please attach a detailed explanation for the reason of your reinstatement request.

### D. Agreement and Understanding

Please read and initial each item to verify that you understand and agree to the following:

- I am including the appropriate documentation that supports my request and understand requests submitted without supporting documentation may be denied.
- I can submit only one scholarship reinstatement request for my undergraduate career.
- Complete reinstatement requests will be reviewed within 25 business days.
- Submitting this request does not guarantee reinstatement approval.
- The decision notification will be sent to my NAU e-mail address.
- If this request is approved, I must meet all renewal criteria specific to my scholarship in all future terms to prevent further cancelation of my award.
- I am responsible for paying all tuition, fees, and other university charges.
- I understand that the decision made by the Reinstatement Committee is final and I cannot appeal.

**Student Certification:** By signing below, I acknowledge that I have read and understand the information on this form. I certify that all information on and submitted with my request is true and correct. I will provide additional information if requested by the NAU Office of Scholarships and Financial Aid in a timely manner.

**Typed, copied, or electronic signatures will not be accepted.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit this form and all additional documentation to The Office of Scholarships and Financial Aid by email at [Scholarships@nau.edu](mailto:Scholarships@nau.edu) or online via [nau.edu/OSFAdoc-upload](http://nau.edu/OSFAdoc-upload).