

Office of Scholarships and Financial Aid

2024-2025 Tuition Scholarship Reinstatement Request

A. Student Information		Term:
Student Name:	7-digit NAU ID Number:	Fall
Phone:	NAU E-mail:	Spring

Deadline to submit for evaluation: Fall: November 1 Spring: April 1

Instructions:

- All requests require this completed form, a personal statement, and supporting documentation.
- The personal statement should include the reason(s) you did not meet the scholarship renewal criteria and the documentation you submit should support your personal statement.
- Submit to <u>scholarships@nau.edu</u> or by the secure upload at nau.edu/OSFAdoc-upload

B. Reason for Reinstatement Request			
Check all reinstatement circumstances that apply and submit required supporting documents.			
Circumstances	Example Documentation		
☐ Mental or Physical Illness or Injury: You, or a member of your family, suffered from a condition or incident that negatively affected your ability to participate in your studies.	 Signed and dated letter from a physician, therapist, or other health professional confirming the illness or injury Police report 		
☐ Death of a Family Member or Significant Person: A member of your immediate family or an emotionally significant person in your life passed away.	 Signed and dated letter from a mental health professional assisting you with grief Copy of a death certificate 		
Work Schedule: Your previous work schedule hindered your ability to meet your scholarship requirements.	 Documentation from a supervisor regarding workload & how it will be changed in the future Pay stubs 		
Religious Mission: You began a religious mission that required you to be absent from school.	Mission Certificate		
☐ Major Life Event: 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.	 Separation agreement or divorce decree Record of your child's birth Any other documentation 		

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 am enrolled full-time in the term which I am seeking reinstatement.		
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 the final decision.		
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:		