

State University College at Oneonta
Financial Aid Office
Scholarship Eligibility Waiver

Dear Student:

SUNY Oneonta policy requires institutional scholarship recipients meet specific criteria, as determined by donors, to retain awards. Students who fail to meet these criteria may apply for a waiver using this form. The waiver process may take up to 1 month from the time the completed waiver is submitted. All waivers must be approved by the Scholarship Policy Committee. Decisions by the Scholarship Policy Committee are final. Even with waiver approval, any reinstatement of scholarship funds is based on available funding.

Name	Student ID
Address	
City, State ZIP	Term of Desired Reinstatement (e.g. Fall 2008)

TO BE COMPLETED BY STUDENT SCHOLARSHIP COORDINATOR
 (Netzer Administration Building Room 129)

Scholarship Information:
Name of scholarship _____
Criteria required for awarding scholarship _____
Renewal criteria _____
Last awarded amount of scholarship and term _____
of semesters paid _____ Reason for scholarship cancellation _____

Student Information:
Current cumulative GPA _____
Current major _____
Other required info _____

APPLICATION FOR WAIVER- TO BE COMPLETED BY STUDENT

If you wish to apply for a waiver, read & sign below, and submit to Student Scholarship Coordinator with documentation: A waiver application must include written documentation explaining unusual or out of the ordinary circumstances beyond the student's control that explains failure to meet requirements. Not all students will be eligible for a waiver and if a waiver is approved, award of institutional scholarship is based on available funding at the time. **By signing below, I (the student) certify that I have read the information on this form. By submitting this waiver application, I (the student) understand that after this semester I must meet established criteria and standards to retain eligibility, if renewal is applicable to scholarship.**

Signature of student	Date	Scholarship name

TO BE COMPLETED BY WAIVER COMMITTEE

<input type="checkbox"/> Serious personal illness <input type="checkbox"/> Serious emotional disturbance <input type="checkbox"/> Serious illness of member of immediate family <input type="checkbox"/> Death in immediate family <input type="checkbox"/> Other grave or unusual circumstances which contribute poor academic performance/ withdrawal	Notes: 		
<input type="checkbox"/> Scholarship waiver approved			
<input type="checkbox"/> Scholarship waiver denied	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-top: 1px solid black;">Signature of waiver official</td> <td style="width: 30%; border-top: 1px solid black;">Date</td> </tr> </table>	Signature of waiver official	Date
Signature of waiver official	Date		