

2024-2025 Trustees Scholarship Waiver

This waiver is used when a Trustees Student is requesting to <u>enroll less than Full-Time</u> OR to <u>take a semester off</u>. Your Free Application for Federal Student Aid (FAFSA) must be completed before this request will be reviewed.

Is this your first appeal request?	To Be Completed by the Student:	
Telephone:	Student Name:	Student ID#:
Is this your first appeal request?	Email Address:	_@belmontcollege.edu
lam requesting to enroll less than Full-Time (12 credit hours) for the following semester:	Telephone:	Date:
Summer 2024	Is this your first appeal request? \square YES \square NO	
I am requesting to not enroll in the following semester:	\square I am requesting to enroll less than Full-Time (12 credit hour	-
Reason: (Please explain why you are enrolling less than Full-Time OR why you are not enrolling for a semester.) Academic Advisor Notes: Student Signature FINANCIAL AID OFFICE USE ONLY Approved Denied Is this the first appeal? Yes No Date Decision Letter mailed/emailed to Student:	OR	
Academic Advisor Notes: Student Signature Advisor Signature FINANCIAL AID OFFICE USE ONLY Approved Denied Is this the first appeal? Yes No Date Decision Letter mailed/emailed to Student:	☐ I am requesting to not enroll in the following semester:	☐ Summer 2024 ☐ Fall 2024 ☐ Spring 2025
Advisor Signature FINANCIAL AID OFFICE USE ONLY Approved Denied Is this the first appeal? Yes No Date Decision Letter mailed/emailed to Student:	Reason: (Please explain why you are enrolling less than Full-Tir	me OR why you are not enrolling for a semester.)
Advisor Signature FINANCIAL AID OFFICE USE ONLY Approved Denied Is this the first appeal? Yes No Date Decision Letter mailed/emailed to Student:		
FINANCIAL AID OFFICE USE ONLY Approved Denied Is this the first appeal? Yes No Date Decision Letter mailed/emailed to Student:	Academic Advisor Notes:	
FINANCIAL AID OFFICE USE ONLY Approved Denied Is this the first appeal? Yes No Date Decision Letter mailed/emailed to Student:		
☐ Approved ☐ Denied Is this the first appeal? ☐ Yes ☐ No Date Decision Letter mailed/emailed to Student:	Student Signature	Advisor Signature
Date Decision Letter mailed/emailed to Student:	FINANCIAL AID OF	FICE USE ONLY
•	☐ Approved ☐ Denied Is this the first appeal? ☐	□ Yes □ No
Comments:	Date Decision Letter mailed/emailed to Student:	
	Comments:	
Completed By: Signature:		