2025 – 2026 Trustees Scholarship Waiver

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

To Be Completed by the Student:

Student Name: _____ Student ID#: _____

Email Address: _____@belmontcollege.edu

Telephone: _____ Date: _____

Is this your first appeal request? ☐ YES ☐ NO

☐ I am requesting to enroll less than Full-Time (12 credit hours) for the following semester:

☐ Summer 2025 ☐ Fall 2025 ☐ Spring 2026

OR

☐ I am requesting to not enroll in the following semester: ☐ Summer 2025 ☐ Fall 2025 ☐ Spring 2026

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 **Advisor Signature**

FINANCIAL AID OFFICE USE ONLY

☐ Approved ☐ Denied Is this the first appeal? ☐ Yes ☐ No

Date Decision Letter mailed/emailed to Student: _____

Comments:

_____

_____

_____

Completed By: _____ Signature: _____