

STUDENT APPEAL FORM FOR ATHLETIC AID
Pittsburg State University

NAME _____ PSU ID _____

GRADE LEVEL _____

Sport(s) for which aid was received _____

Academic Year for which aid was received _____

PREVIOUS FINANCIAL AID

TYPE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

Reasons for believing the decision was unfair, including the names of University staff members, coaches, or financial aid officer with whom you have discussed the aid. (Attach second sheet if necessary.)

Attach copies of any relevant documents regarding the athletic aid.

Student's Signature

Date

FOR OFFICE OF STUDENT FINANCIAL ASSISTANCE OFFICE USE ONLY

_____ APPROVED _____ NOT APPROVED

Director's Signature

Date

Comments:

