

**SUMMER Merit Scholarship Appeal**

Name: _____ PUID#: _____

SCHOLARSHIP YOU ARE APPEALING FOR REINSTATEMENT: Please check all that apply:

<input type="checkbox"/> Beering Scholarship	<input type="checkbox"/> Stamps Foundation	<input type="checkbox"/> Emerging Leaders Scholarship
<input type="checkbox"/> Trustees Scholarship	<input type="checkbox"/> Presidential Scholarship	<input type="checkbox"/> Lilly Scholars at Purdue
<input type="checkbox"/> National Recognition	<input type="checkbox"/> National Merit Scholarship	<input type="checkbox"/> Posse Scholarship
<input type="checkbox"/> Indy Scholars	<input type="checkbox"/> Other: _____	

Merit scholarships are intended to be used during the fall and spring terms when students are enrolled full-time. We understand that due to co-op/internship opportunities and accelerated plans of study that some students may need to take classes during the summer term. The purpose of this form is to allow students to appeal for use of funding during a summer semester(s). *Please note, only merit appeals submitted by the student will be considered.*

This appeal should only be used when a student will **not** be on campus for eight (8) fall and spring semesters. To be considered for summer usage merit awards, students must be meeting the program GPA and enrollment requirements. If approved, scholarship amounts will be pro-rated based on summer cost of attendance.

Please complete the information listed below and attach your plan of study spanning your entire Purdue career. You will also need to complete a Summer Aid Application online via your myPurdue.

Anticipated Graduation Date: _____ Number of semesters already used: _____

Summer term(s) of funding requested: _____

Provide a brief statement explaining the need to use your award during the summer:

**Signature of Student: _____ Date: _____

**Return the completed appeal and plan of study to the Division of Financial Aid office.
Appeals may also be returned by mail, fax or e-mailed to scholarshipdfa@purdue.edu.
Please allow 3 weeks for the committee to review your appeal.**

Security reminder: Do not send your tax return documentation or documents that have your social security number on them via our email address. Email is not secure for this type of information.

SUMRT FM351 (Revised 4/21/25)

Plan of Study

Name: _____

PUID:

Email:

Fall 20	Crs
Total	

Summer 20	Crs
Total	

Fall 20	Crs
Total	

Spring 20	Crs
Total	

Summer 20____	Crs
Total	

Fall 20__	Crs
Total	

Spring 20	Crs
Total	

Summer 20____	Crs
Total	

Fall 20__	Crs
Total	

Spring 20	Crs
Total	

Summer 20__	Crs
Total	

Fall 20__	Crs
Total	

Spring 20	Crs
Total	