



Return completed form and supporting documentation to:

*Snow College
Scholarship Office
150 College Ave
Ephraim, Utah 84627*

Scholarship Hold

Name: _____ Soc. Sec. #: _____

Local address: _____

City: _____ State: _____ ZIP: _____

Local phone: _____ E-mail: _____

Permanent address: _____

City: _____ State: _____ ZIP: _____

Permanent phone: _____ High School: _____

Appeal regarding the following scholarship(s):

Name of scholarship	Semester/Year issued	GPA Req'd	Credits Req'd
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Appeal request: _____

Attach to this form documentation supporting your need to HOLD your scholarship, a letter from a doctor, copy of a mission call, etc. Mail all required documents to the address provided above. **Any student away from Snow College for one semester without a documented scholarship HOLD is subject to the loss of all scholarships.**

I certify that the above information provided in the application is true and correct to the best of my knowledge. A student found guilty of nondisclosure or misrepresentation in completing this application form will be subject to loss of all scholarship privileges.

Print Name _____ Date _____

Signature _____

Questions? Need Help?

Please visit www.snow.edu/scholarships, email us at scholarships@snow.edu, or call us toll-free at 1-800-848-3399.