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

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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:

________________________________________________________________________

________________________________________________________________________