

## Request for Scholarship Reinstatement

*To request the reinstatement of a scholarship after deferment or suspension.*

Name \_\_\_\_\_ UIN \_\_\_\_\_

### Requesting reinstatement for:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Academic Achievement             | <input type="checkbox"/> Aggieland Bound         | <input type="checkbox"/> Brown Scholarship   |
| <input type="checkbox"/> College Board Recognition Award  | <input type="checkbox"/> Challenge               | <input type="checkbox"/> Cheeves             |
| <input type="checkbox"/> Century Scholars                 | <input type="checkbox"/> Lechner                 | <input type="checkbox"/> McFadden            |
| <input type="checkbox"/> National Merit Recognition Award | <input type="checkbox"/> President's Achievement | <input type="checkbox"/> President's Endowed |

\*Scholarships not listed above are generally not eligible for reinstatement. Contact Scholarships & Financial Aid with questions regarding your scholarship.

The student must be in good standing for their scholarship to request reinstatement. The specific terms, including required GPR and completed hours, are available for all listed scholarships in the Scholarship Information section of this handbook starting on page 9. Requests for students not meeting the general requirements of their scholarship will be denied.

### Reason for reinstatement after no payment:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Co-op/Internship | <input type="checkbox"/> Deferment      | <input type="checkbox"/> Scholarship Suspension |
| <input type="checkbox"/> Study Abroad     | <input type="checkbox"/> Military Leave | <input type="checkbox"/> Medical Withdrawal     |

I am requesting my scholarship be reinstated for the \_\_\_\_\_ (semester) of \_\_\_\_\_ (year).

**This form must be submitted to Scholarships & Financial Aid prior to the 12<sup>th</sup> class day of the semester for which the scholarship payment may be reinstated.**

*I have read, understand, and will comply with the requirements of reinstating a scholarship.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form should be submitted to Scholarships & Financial Aid (Pavilion 2nd floor or via email to [scholarships@tamu.edu](mailto:scholarships@tamu.edu)).*