Student Financial Assistance – Scholarship Office

Scholarship & President Barack Obama Scholars Program Reinstatement Request

Academic Year

If you need assistance with completing this form, please call our office at 480-965-4845 or visit one of our office locations listed at students.asu.edu/contact/financialaid.

SECTION A: IDENTIFYING INFORMATION (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)

Last Name	First Name	Middle I.	10-Digit ASU ID	9-Digit Campus ID

Local Street Address	City	State	Zip Code	Daytime Phone Number

INSTRUCTIONS

YOU ARE REQUIRED to:

1. Read ASU's Scholarship Reinstatement Policy in Section B below.
2. Complete Section C and D below.
3. Attach supporting documentation to demonstrate completion of the approved activity listed on your Scholarship Deferment Application (e.g., a letter from your physician or religious official, a letter of completion of an internship program, etc.).

RETURN THIS FORM TO: Student Financial Assistance, P.O. Box 870412, Tempe, AZ 85287-0412 or fax to 480-965-6967. FedEx and UPS customers must send to: Student Services Building #203, Forest & Gammage Parkway, Tempe, AZ 85287.

SECTION B: SCHOLARSHIP REINSTATEMENT POLICY

Students must return to ASU in the semester immediately following the completion of the approved deferment. Prior to returning to ASU, students must complete this form stating their intent to return with documentation supporting the entire duration of the approved activity. If the end date is earlier than the approved deferment period, then your expected semester of return may also be impacted. The completed form should be submitted to the Scholarship Office at least 30 days prior to the first day of class.

National Merit Scholars must also contact the National Merit Scholarship Corporation (www.nationalmerit.org) to request reinstatement of their scholarship.

SECTION C: REINSTATEMENT INFORMATION (PLEASE PRINT CLEARLY.)

Semester You Are Returning to ASU (Select only one.)

☐ Fall ☐ Spring

Year You are Returning to ASU

Scholar Appeal Submitted for (Please check all that apply.)

☐ ASU Merit Scholarship ☐ President Barack Obama Scholars Program

Please initial each line indicating that you meet the following terms:

_____ I have read ASU's Scholarship & President Barack Obama Program Reinstatement Policy in Section B above.

_____ I received an approved deferment and am returning in the semester indicated on my deferment application. (See policy above for early completion.)

_____ I have met or will meet all deadlines stated in my Obama Scholars Fact Sheet at students.asu.edu/obama (Obama Scholars only).

Please initial only ONE of the following:

_____ I was required to take a leave of absence through the university Registrar's Office and I have applied for and been readmitted to ASU.

_____ I was not required to take a leave of absence and returned to ASU through the "Quick Re-entry" process.

SECTION D: CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to submit additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature	Date form was signed

FOR OFFICE USE ONLY

Award Name (Please print scholarship name.)	Approval ☐ Approved ☐ Denied	
Reason for Denial	Award Amount $	Number of Semesters Left
Award Name President Barack Obama Scholars Program	Approval ☐ Approved ☐ Denied	
Reason for Denial	Number of Semesters Left	

Staff Initials	Date	E	P	Notes:
		☐	☐	