Student Finance

BURMAN UNIVERSITY

Name _____

BURMAN ID # _____

Contact # (Cell preferred) _____

Burman Email _____
your Burman email account will be used for communication

6730 University Dr.
Lacombe AB T4L 2E5
Phone: 403/782-3381
ext. 4016
Email: SFS@burmanu.ca
Website: www.burmanu.ca

BURMAN UNIVERSITY

Scholarship Appeal Form

Scholarship Appeal Request

What scholarship(s) are you appealing? _____

_____

Why are you needing to appeal this scholarship?

☐ Late submission: Date _____

☐ Outside of scholarship policy _____

Reasons for Scholarship Appeal

Please explain why the Finance Committee should accept this appeal for the above scholarship(s).

_____

_____

_____

_____

_____

_____

_____ _____
Student Signature Date

Documents Provided to SFS:

- ❑ Summer Work Earnings Funds
- ❑ SWE Verification
- ❑ Music Department's Referral
- ❑ Entrance Scholarship References/Documents
- ❑ Athletic Scholarship Referral
- ❑ Other _____
- ❑ Physician's Note—Required for injury appeal

For Office Use Only

Date Received_____

Scholarship appealed for and amount: _____

Comments _____

_____

_____

Department Approval _____ _____
Finance Signature Date