



## 2025-2026 Scholarship Appeal Form

### PLEASE READ:

- The Financial Aid Office WILL NOT REVIEW INCOMPLETE APPEALS.
- You must complete all steps of the appeal form.
- Please carefully read the directions for each step.
- MGCCC Financial Aid will not consider incomplete appeal forms or appeals submitted without documentation of extenuating circumstances.
- You will be notified of the approval or denial of your appeal via your MGCCC email account.
- If you need assistance completing this form, please contact the Enrollment Services Center on the campus convenient to you.

			M#
Last Name	First Name	Middle/Maiden	GCID
			(      )
MGCCC Email Address			Phone Number (Include Area Code)

Semester of Appeal    ☐ Fall 2025    ☐ Spring 2026    ☐ Summer 2026

### 1. SCHOLARSHIP:

Choose the scholarship that you are appealing.

☐ Academic Excellence    ☐ Leadership    ☐ New Century Skills

### 2. EXTENUATING CIRCUMSTANCES

An extenuating circumstance is an event that is beyond your control.

Please select from the list below the specific extenuating circumstance(s) that interfered with your ability to maintain the criteria of the scholarship.

- ☐ Chemical dependency/rehabilitation
- ☐ Death of an immediate family member
- ☐ Divorce of oneself or parent(s)
- ☐ Incarceration
- ☐ Medical: Serious injury, physical or mental illness or oneself or someone you provide care to such as a child or spouse
- ☐ Military Service: Military deployment of oneself, parent, or spouse
- ☐ Transportation: Loss of transportation/unreliable transportation
- ☐ Other (Please describe) \_\_\_\_\_

### 3. DISCUSS EXTENUATING CIRCUMSTANCES:

Please explain how the extenuating circumstance(s) listed above caused you to be unsuccessful in your attempt to complete credits as outlined by scholarship criteria.

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Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, color, religion, national origin, sex, pregnancy, age, or qualified disability in its programs and activities. For further information, contact the Compliance Officer P.O. Box 609, Perkinston, Mississippi, 39573, telephone number 601-528-8735, email address [compliance@mgccc.edu](mailto:compliance@mgccc.edu).

4. **CIRCUMSTANCES CHANGED/IMPROVED:** Please discuss how the circumstances provided in Step 1 have improved in a way that will not affect successful completion of your college degree.

5. **DOCUMENTATION:** Please select the type of documents you are submitting as proof of extenuating circumstance.

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- ☐ **Medical documentation (bills, admittance/discharge paperwork)**
- ☐ **Military deployment documentation**
- ☐ **Proof of transportation loss/repair (accident report, towing, repair bills, etc.)**
- ☐ **Letter on letterhead from a respected member of the community who can confirm your claims (pastor, counselor, doctor, elected official, etc.)**
- ☐ **Other (Please describe)**

**6. DOCUMENTATION:**

- Documentation must be dated and match the time/semester(s) of incomplete or failing coursework.
- Appeals submitted WITHOUT documentation WILL NOT BE REVIEWED.
- Documents must be legible. If documents cannot be viewed, opened or are illegible, the appeal will be denied.

**I (the student) certify that all the information on this form and included as documentation is true and complete to the best of my knowledge.**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

Attempted Hours: \_\_\_\_\_ Completed Hours: \_\_\_\_\_ Completion %: \_\_\_\_\_ GPA: \_\_\_\_\_

Semesters student did not meet requirements \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_