



Division of Enrollment Management  
Office for Student Financial Affairs

S107 Criser Hall  
PO Box 114025  
Gainesville, FL 32611-4025  
352-392-1275/392-1272 TDD  
352-392-2861 Fax  
www.sfa.ufl.edu

## 2016-2017 State Programs and Scholarship Petition

In order to have your Scholarship Petition reviewed, you must complete all sections required for the particular scholarship for which you have lost eligibility. The requirements for each scholarship are listed in Section II. Completed petitions should be returned to the Office for Student Financial Affairs (SFA). You will be notified of the outcome of your petition via ISIS, on the Aid Status page for the appropriate academic year.

### SECTION I. GENERAL INFORMATION (to be completed by student)

Name (First Last): \_\_\_\_\_ UF Student ID: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Class & College: \_\_\_\_\_ Major or Program: \_\_\_\_\_

I certify that the information I provide is true and complete to the best of my knowledge. I agree to submit proof of the information listed. I understand that failure to provide proof may result in the denial of financial assistance.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SECTION II. PROGRAM (to be completed by student)

If you fail to complete all required sections listed under the program you have checked, your petition will be returned to you without being reviewed by SFA.

- Machen Florida Opportunity Scholarship  
You must complete Sections I, II, III, IV and V. Your Academic Adviser must complete Section VI.

#### Admissions Scholarships

You must complete Sections I, II, III and IV. Your Academic Adviser must complete Section VI.

- Presidential Scholarship
- Gold Scholarship
- Platinum Scholarship
- Alliance Scholarship
- Presidential Achievement
- Tuition Reduction
- Alumni Scholarship
- Sunshine Scholarship
- Orange and Blue Scholarship
- Gator Nation Scholarship

#### Florida Bright Futures

You must complete Sections I, II, III and IV. Your Academic Adviser must complete Section VI.

- Florida Academic Scholarship
- Florida Medallion Scholarship
- Florida Gold Seal Scholarship

#### State Programs

You must complete Sections I, II, III and IV. Your Academic Adviser must complete Section VI.

- Florida Student Assistance Grant
- Other: \_\_\_\_\_

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**SECTION III. PERSONAL STATEMENT** (to be provided by the student)

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**In support of your petition, attach your written personal statement stating any unusual or extenuating circumstances that warrant a review of your petition. Appeals submitted without detailed personal statements will not be approved.**

- Describe the illness, emergency, or extenuating circumstance.
- Describe the resulting impact on you and your academic performance.
- Indicate the dates and time periods involved.
- Provide all pertinent details.
- Describe steps you have taken, or will take, to ensure your academic success.

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**SECTION IV. SUPPORTING DOCUMENTATION** (to be provided by the student)

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**In support of your petition, attach documentation. Submit copies of supporting documents; originals will not be returned. Appeals submitted without supporting documentation will not be approved.**

For illness, recommended documentation includes:

- A copy of a bill for services rendered by a medical or mental health professional or document submitted by a medical or mental health professional describing the dates and services provided.
- A written statement (from a medical or mental health professional, your academic adviser or a credible professional, such as a member of the clergy or other college or university official) documenting the impact of this illness on your academic performance.
- A written statement from your parent substantiating your illness.
- A written statement from a medical or mental health professional, your academic adviser or a credible professional documenting what steps you've taken that will allow you to successfully move forward.

For emergencies, recommended documentation includes:

- An objective report of the occurrence such as a police report, divorce documents, insurance damage reports for natural disasters, obituary, or a bill for services related to the emergency.
- A written statement (from a medical or mental health professional, your academic adviser or a credible professional, such as a member of the clergy or other college or university official) documenting the impact of this event on your academic performance.
- A written statement from your parent substantiating your emergency.
- A written statement from a medical or mental health professional, your academic adviser or a credible professional documenting what steps you've taken that will allow you to successfully move forward.

For other extenuating circumstances, recommended documentation includes:

- A written statement from your parent, a professional, or other credible source substantiating your circumstances.
- Supporting documentation from a credible source that your circumstances have either been resolved or are being managed.
- A written statement from your academic adviser or a credible professional documenting what steps you've taken that will allow you to successfully move forward.

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**SECTION V. MACHEN FLORIDA OPPORTUNITY SCHOLARS ADDENDUM (to be completed by student)**

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**Please check the reason(s) your MFOS award was not renewed:**

- Earned fewer than 24 credits in previous academic year
- SFA received FAFSA late (after March 15 deadline)
- Did not complete Financial Literacy, Career Planning, or Life Skills workshop
- Did not actively participate in the Peer Mentoring Program
- Cumulative GPA below 2.0
- Family Income Exceeds MFOS Eligibility Threshold
- Did not earn a C or greater or complete SLS1102: First-Year Florida (or approved equivalent).
- Reached maximum eligibility of terms/years on program.

**In addition to providing scholarship support, MFOS provides programmatic support. Please indicate MFOS Support Services utilized by you in the last year:**

- Peer Mentor (required in your first-year)
- Workshops (first-year: Financial Literacy; second-year: Career Planning; third-year: Life Skills)
- Meeting with FOS Program Director/ Graduate Assistant
- First-Year Florida (required in your first-year)
- FOS Academy of Leadership (third and fourth-year students)
- Meeting with Student Financial Affairs FOS Coordinator
- Other (specify): \_\_\_\_\_



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**SECTION V. MACHEN FLORIDA OPPORTUNITY SCHOLARS ADDENDUM - continued**

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If you are petitioning due to an academic reason, please outline the steps you plan to take in order to get back on track academically (e.g. tutoring, counseling, DRC, etc.). Attach documentation.

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MFOS students are encouraged to seek support from the greater campus community. Please check departments and services utilized, including dates and names.

- Counseling and Wellness Center:**  
Date(s) of visits: \_\_\_\_\_
- Broward Teaching Center:**  
Date(s) of visits: \_\_\_\_\_
- Off-campus Tutoring:**  
Date(s) of visits: \_\_\_\_\_
- Academic Advising:**  
Date(s) of visits: \_\_\_\_\_
- Dean of Students Office:**  
Date(s) of visits: \_\_\_\_\_
- University Police Department/Victim Services:**  
Date(s) of visits: \_\_\_\_\_
- Office of Academic Support:**  
Date(s) of visits: \_\_\_\_\_
- Student Financial Affairs:**  
Date(s) of visits: \_\_\_\_\_
- Other (specify):** \_\_\_\_\_  
Date(s) of visits: \_\_\_\_\_



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Student Name (First Last): \_\_\_\_\_ UFID: \_\_\_\_\_

**SECTION VI. ACADEMIC ADVISING --- to be completed by dean, department head, or academic adviser**

1.) Remaining credit hours needed to complete degree or certification requirements  
(including the current semester): \_\_\_\_\_

2.) Overall GPA: \_\_\_\_\_

3.) Expected Graduation Date: \_\_\_\_\_

| 4.) Classes in which the student is currently enrolled. Please indicate whether these classes count towards the student's graduation/college requirements: | Course | Required | Course | Required |
|--|--------|----------|--------|----------|
|  |        | Y / N    |        | Y / N    |
|  | _____  |          | _____  |          |
|  | _____  |          | _____  |          |
|  | _____  |          | _____  |          |

5.) Academic Advising Remarks: \_\_\_\_\_

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

Signature (Academic Adviser, Dean, Department Head)

Printed Name

Date

Title

Phone Number

Email

**SECTION VII. PETITION COMMITTEE ACTION (to be completed by the petition committee)**

|           |         |           |          |
|-----------|---------|-----------|----------|
| Approved: | Denied: | Returned: | Pending: |
| Comments: |         |           |          |
|           |         |           |          |
|           |         |           |          |
|           |         |           |          |

Signature (Petition Committee)

Date