



Student Financial Services  
Scholarship Petition

SCHPET

Year \_\_\_\_\_

Name of Scholarship \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred Contact Number \_\_\_\_\_

Local Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Broward College email \_\_\_\_\_

Please explain any unusual or extenuating circumstances that have affected your academic performance required for the particular scholarship for which you have lost eligibility. **Please provide any pertinent supporting documentation.**

Multiple horizontal lines for text entry.

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

**Section III For School Use Only**

Student Financial Services Certification:

- Approved
- Denied
- Incomplete

Student Financial Services Comments: \_\_\_\_\_

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

Student Financial Services Signature \_\_\_\_\_ Date \_\_\_\_\_