



2025-2026 Scholarship/Waiver Request Form

Name:		LC State ID#:	
Request for	Semester/Year:	Amount:	
• Inclu	plete, sign and submit this form de a typed and signed letter of expla th any supporting documentation, if a		
Reason for	Request:		
	statement: Missed the acceptance dea er offer	adline for your scholarship or	
□ <u>Exter</u>	nsion: Need additional semester(s) ac	lded to your initial scholarship	offer
	Petition: Did not meet the requirements (GPA or completed credits) of your scholarship or have an incomplete grade		
	Evaluation: Missed the March 1 Prioriarship or waiver	ty Deadline to be offered a	
	In-State Merit Based Scholarship	☐ Out-of-State Scholarshi	ip
	ional Funds: Seeking additional schol cial aid resources	arship funds after exhausting	other
Last day to s	ll requests begin June 1, 2025. ubmit Reinstatement, Extension and Peti ubmit requests for Additional Funds is Oc)25.
	al of Request is based on funds avail aluation of each request may take 10 – 1		. ***
Student Sig	nature (Digital signatures only accepted if s	ubmitted via WarriorMail)	Date
Mail/Drop O	Off: Financial Aid Office Reid Centennial Hall, Room 110 Lewis-Clark State College 500 8th Avenue	Fax to: (208) 792-2063	
	Lewiston, ID 83501	Email to: scholarships@lcs	sc.edu

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