



## 2024-2025 Scholarship/Waiver Request Form

Name:		LC State ID#:	
Request for	Semester/Year:	Amount:	
<ul> <li>Include</li> </ul>	lete, sign and submit this form de a typed and signed letter of e n any supporting documentation	xplanation	
Reason for	Request:		
	tatement: Missed the original ac iver offer	ceptance deadline for your scholar	ship
□ Extens	sion: Need additional semester(	s) added to your initial scholarship	offer
	s), have an incomplete grade, o	p requirements (GPA or completed r missed the January 20 <sup>th</sup> petition	İ
	Evaluation: Missed the March 1 Farship or waiver	Priority Deadline to be offered a	
	In-State Merit Based Scholarshi	Out-of-State Scholarshi	р
□ <u>Additi</u>	onal Funds: Seeking additional	scholarship funds	
_ast day to su	l requests begin December 15, 202 ubmit Reinstatement, Extension and ubmit requests for Additional Funds	d Petition requests is January 20, 2025	5.
***Approva	l of Request is based on funds a	vailability and is not guaranteed.	<b>*</b> **
Signature (D	rigital signatures only accepted if submi	tted via WarriorMail) Date	
Mail/Drop Of	ff: Financial Aid Office Reid Centennial Hall, Room 1 Lewis-Clark State College 500 8 <sup>th</sup> Avenue	Fax to: (208) 792-2063 10	
	Lewiston, ID 83501	Email to: scholarships@lcs	c.edu

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