



NWC's Hathaway Scholarship Reinstatement Request

Mail: Financial Aid Office
231 W 6th St BLDG 1
Powell, WY 82435
FAX: 307-754-6154
Financialaid@nwc.edu

A student who previously lost eligibility for a Hathaway Scholarship or who requested a deferment of their Hathaway award must complete this form to have the scholarship reinstated and to reaffirm eligibility criteria. **Students must complete this request PRIOR to the beginning of the semester for which reinstatement is requested.**

Students must clearly indicate the semester for which reinstatement is requested and detail the reason for the request. **ALL ELIGIBILITY QUESTIONS MUST BE ANSWERED** or the Reinstatement Request will remain inactive.

STUDENT INFORMATION

_____	_____	_____	_____
Last Name	First Name	MI.	NWC Student ID Number
_____		_____	
Student Mailing Address, City, State, Zip		Date of birth	
_____		_____	
E-mail Address		Phone Number (include area code)	

Reinstatement and Eligibility Information

- I am requesting reinstatement of my Hathaway award for the following semester**
Please circle semester and indicate year: Fall 20 _____ Spring 20 _____ Summer 20 _____
- I am requesting reinstatement of my Hathaway award because (please indicate reason for reinstatement request):**
 I lost eligibility for my Hathaway during a previous semester
Please indicate term eligibility was lost: Fall 20 _____ Spring 20 _____ Summer 20 _____
 I requested deferment of my Hathaway during a previous semester
Please indicate deferment term(s): Fall 20 _____ Spring 20 _____ Summer 20 _____
- Please answer each of the following by checking Yes or No:**
 Yes No Are you a U.S. Citizen?
 Yes No Are you a permanent resident alien?
 Yes No If male, have you completed Selective Service Registration?
 Yes No Are you in default on a federal Title IV education loan?
 Yes No Are you in overpayment (owe a refund) on a federal Title IV grant?
 Yes No Have you been convicted of a felony in Wyoming or another jurisdiction?
 Yes No Are you incarcerated?

CERTIFICATION AND SIGNATURE

By signing and submitting this form, I certify that all of the information reported is complete and correct. I understand that I have requested to have my Hathaway Scholarship reinstated beginning with the semester indicated above. I understand that all Hathaway standards must be met for my Hathaway Scholarship to be reinstated and for me to continue receiving the award. It is my responsibility to contact the financial aid office at the college/university that I am attending with questions or for more information regarding the Hathaway Scholarship Program.

Hathaway Scholarship eligibility shall not extend beyond the equivalent of eight full-time semesters, or extend to any semesters that commence six academic years after initial eligibility. A maximum of four full-time semesters can be received at a Wyoming community college. Provisional Opportunity Hathaway Scholarship can only be initiated at a Wyoming community college.

Student signature: _____ **Date:** _____