

(FLPET) Bright Futures/Florida Scholarship Petition - Grade & Hour

2023-2024

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____ Date of Birth: _____ / _____ / _____
Month Day Year

IMPORTANT: This form must be completed (including any attachments) and submitted to the OFA immediately, but no later than:
April 26, 2024 for 2023-2024 Funding

Florida statutes provide a petition process if you do not meet the minimum grade point average and/or earned credit hour requirements for your Florida Scholarship Program(s). A petition may be filed if you had a documented medical or other emergency that prohibited you from meeting the renewal requirements. The petition documentation must present a clear connection between extenuating circumstances and your academic performance.

Academic Year: 2020-2021 2021-2022 2022-2023
Term(s): Fall Spring

Instructions:

Petitions are reviewed from imaged copies of paperwork you submit. All petitions and documentation are scanned into our imaging system before they are reviewed. Do not submit originals or your only copy of documentation, because the paper is destroyed after it is imaged. Be sure your name and Student Identification Number are at the top of each page you submit.

1. Provide a concise, typewritten statement, in your own words, that provides a factual summary of extenuating circumstances for each semester which prevented you from meeting your scholarship requirements (state the semester and year; for example, fall 2021).

Be sure you clearly state:

- What happened during that semester?
- When did it happen (date specific by month and year)?
- How did it affect your academic performance that term?
- If you attended multiple terms with an ongoing or unresolved extenuating circumstance, briefly explain why you continued to enroll without adjusting your course load or sitting out a term.
- Explain what has now changed, or the steps you have taken, that should now result in you earning all credits attempted for future semesters.

2. Attach written/printed documentation for each circumstance and semester. We do not make telephone calls for documentation.

Documentation must be legible and attached to the petition.

Documentation may include, but is not limited to, one or more of the following:

- A signed statement on official letterhead from a medical professional stating the circumstances and the dates that you were unable to attend classes.
- A signed statement on official letterhead from a medical or mental health professional, or a professional counselor indicating the impact of an illness/emergency on your academic performance for a specific time period.
- A signed statement from a parent or other relative describing a family emergency that required your attention and the dates this occurred. (This must be accompanied by other separate and official documentation.)
- An official report of an occurrence beyond your control such as a police report, divorce documents, or an insurance damage report.

3. Submit all parts of your petition together; petitions that have incomplete or unclear information, or that are missing documentation, will not be approved.

The Review Process:

Petitions are normally reviewed within 20 working days of the date the petition is imaged and posted as a "satisfied requirement" in OASIS. You can check the status of your petition in OASIS at www.usf.edu/oasis.

I have read and understand the petition process and the instructions stated above. My attached petition provides all required information.

By signing this form, I certify that all the information reported to qualify for federal, state and/or institutional student aid is complete and correct.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Signature: _____ Date: _____

OASIS contact information is up-to-date.

No longer a USF Student. - Complete information below:

Current Phone Number: (_____) _____ - _____ Email Address: _____

Address: _____

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