



Financial Aid, Veterans & Scholarship Services  
**2026-2027 Scholarship Eligibility Reinstatement Appeal**

For Office Use Only

**Last Name**                      **First Name**                      **MI**                      **Palomar ID Number**

**Deadlines:**      **FALL 2026:** November 30, 2026      **SPRING 2027:** April 30, 2027      **SUMMER 2027:** July 30, 2027

**Program major:** \_\_\_\_\_ **Anticipated completion date:** \_\_\_\_\_

**1. Briefly state your educational objective and/or goals?**

**2. Tell us why you did not complete all of your courses with a satisfactory grade. Explain any special circumstances which made it difficult for you to succeed in your classes or the completion of your educational goal: Please include supporting documentation:**

**3. Explain how you have resolved the problems and how you plan to succeed in your classes from now on. Give examples of your efforts to improve your academic performance:**

*I certify that all statements made above and attached supporting documentation are true and correct to the best of my knowledge.*

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

**Submit in person to the Palomar College Financial Aid Office -or- scan & email to us from your Palomar Student Email Account to finaid@palomar.edu**