



Hathaway Scholarship

EWC Reinstatement Request

RETURN COMPLETED FORM TO:
EWC Financial Aid Office
3200 West C Street
Torrington, WY 82240
p: 307.532.8327 f: 307.532.8222
financialaid@ewc.wy.edu

A student who previously lost eligibility for a Hathaway Scholarship or who requested a deferment of his/her 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	M.I.	EWC Student ID	WISER ID:
_____				_____
Student Mailing Address, City, State, Zip				Date of Birth (mm/dd/yy)
_____			_____	
E-Mail Address			Phone number (include area code)	

REINSTATEMENT AND ELIGIBILITY INFORMATION

• **I am requesting reinstatement of my Hathaway award for the following semester:**

Fall _____ Spring _____ Summer _____

• **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

___ I requested deferment of my Hathaway during a previous semester

Please indicate deferment term(s): Fall _____ Spring _____ Summer _____

• **Please answer each of the following by checking Yes or No:**

- | | | |
|---------|--------|---|
| ___ Yes | ___ No | Are you a U.S. Citizen? |
| ___ Yes | ___ No | ___ N/A |
| ___ Yes | ___ No | If male, have you completed Selective Service Registration? If female, check N/A. |
| ___ 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 to 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 Scholarships can only be used at a Wyoming community college.

Student signature: _____ **Date:** _____