A+ Scholarship Program
Citizenship Appeal Form

Webster Groves High School | Webster Groves School District

Student Name: _____

Parent/Guardian Name: _____

Graduation Year: _____

Phone Number: _____

This request is to appeal an A+ Citizenship violation resulting in the removal of the A+ Scholarship Program

In the spaces below, please indicate the date(s) of disciplinary action and the reason for the request to be reviewed. Please attach any documentation that supports your appeal.

This form MUST be submitted to the A+ Coordinator prior to MAY 1ST of the student's senior year.

Date of Incident	Justification for Appeal

For A+ Office Use ONLY:

Date Reviewed: _____

Date Decision Letter Sent: _____

Date Appeals Committee Met _____

Appeal Decision: ACCEPTED_____ DENIED_____

UPON COMPLETION, PLEASE SUBMIT THIS DOCUMENT TO THE A+ COORDINATOR