



## State Funded Continued Eligibility Appeal Form

**Michigan Reconnect or Future for Frontliners Appeal:** This appeal form is only used to approve a leave of absence for the continuous enrollment as at least a half-time student requirement for the Michigan Reconnect and Futures for Frontliners scholarships. **Appeals for GPA will not be accepted.** To receive either scholarship, students will need to meet the renewal requirements outlined on the Michigan Department of Lifelong Education, Advancement, and Potential (MiLeap) website located at <https://www.michigan.gov/mileap>.

An appeal based on enrollment can be filed by:

- Filling out the State Funded Continued Eligibility Appeal Form completely with all required information.
- Fulfilling the criteria listed on the following pages. Please include all supporting documentation pertaining to the specific extenuating circumstance that applies to you.

**Appeals can take approximately 10 to 15 business days for processing.**

**All applications for State Funded Continued Eligibility Appeals must be submitted in one of the following ways\*:**

*\*Forms are accepted either in paper, faxed scan or pdf only. Any submission of this form outside these formats, including web links and word documents, are not accepted. Submission of this form without a hand signed signature will not be accepted.*

**Print and mail/Return in-person to:**

Financial Aid Office  
2755 E. Napier Avenue  
Benton Harbor, MI 49022

**FAX to:**

(269) 927-8183

**Scan and email to:**

[faforms@lakemichigancollege.edu](mailto:faforms@lakemichigancollege.edu)

### **STUDENT CERTIFICATION**

- I understand that all communication, including the outcome of the appeal, will be communicated to me via my student profile under the Notifications tab of the Financial Aid page, and that it is my responsibility to check this account regularly, including checking my LMC student email for communications from the Financial Aid Office.
- I understand that providing false information for the purpose of receiving financial aid is against federal and state regulations and could result in the mandated penalty.
- I understand that if additional information is requested, I will have 14 business days to submit said information. I understand that failure to provide requested information within the designated timeframe will result in my appeal being denied.

I, \_\_\_\_\_, have read, understand and agree to all the above terms and conditions.  
(Student Name)

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

Term and Year of appeal:      ☐ Fall \_\_\_\_\_      ☐ Spring \_\_\_\_\_      ☐ Summer \_\_\_\_\_  
  (Year)                                 (Year)                                 (Year)

Student Name: \_\_\_\_\_ Major/Program of Study: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Apt/Box #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check which fits your situation:	Include this substantiating documentation:
<input type="checkbox"/> Death of an immediate family member (spouse, child, parent, sibling or legal guardian of the student).	Obituary or death certificate which includes your relationship to the deceased.
<input type="checkbox"/> Return to work (from a lay-off)/change in working hours that occurred after the semester began and that substantially interferes with your ability to attend class. <b>*Starting/Accepting a new job is not applicable.</b>	Your employer must provide a letter of support on official company letterhead specifying exactly how your change in work interferes with your ability to attend class. The letter must be signed by your supervisor or higher company manager. <b>Students must make every effort to find options to complete the semester before an exception is considered.</b>
<input type="checkbox"/> Medical: Provide a doctor's letter that states your condition or injury prevents you from completing classes.	The statement must be on the physician's letterhead and include expected start and end dates of the medical condition. The doctor must verify in the statement that you cannot attend any class as the medical condition is very serious and prevents you from participation in employment, education, and other major life activities for the duration of the semester.
<input type="checkbox"/> Call to military duty.* <b>*Voluntary enlistment and subsequent call to duty during enrolled semester of appeal is not applicable.</b>	Submit a copy of your military orders with dates.
<input type="checkbox"/> Other Extenuating Circumstances (i.e., hardship, rolling admission or waitlist into second admit programs at LMC, issues with obtaining an internship, religious commitment expected of all students of that faith, etc.)	Submit documentation that verifies how the situation inhibited your ability to register and/or attend class (i.e., waitlist letter, doctor's note, etc.)

Revised Date 06/09/2025

### Description/Explanation

Your appeal letter must include an explanation\*\* as to why you failed to meet the enrollment requirement, and it must also explain what will allow you to meet it in the future.

Please keep in mind, **appeals are not accepted for the GPA requirement.**

[illegible]

**(\*\*Please add additional paper or attachments if you need more space to write your appeal)**

*With my signature below, I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form.*

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

**FA Office Use Only**

<b>Enrollment:</b> <input type="checkbox"/> FA ____ cr <input type="checkbox"/> SP ____ cr <input type="checkbox"/> SU ____ cr	<b>Approved</b> <input type="checkbox"/>	<b>Denied</b> <input type="checkbox"/>
<b>Comments/Notes:</b> <hr/> <hr/>		
<b>Date Received:</b> _____ <b>Appeal Reviewed by:</b> _____ <b>Date:</b> _____		