



## 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 listed below. If a student is not meeting these requirements, they may not be eligible for these scholarships.

### Academic Standards

- Maintain a cumulative 2.0 grade point average (GPA) or better by the end of each 12-month period in the courses you take towards your associate degree or skill certificate as a Michigan Reconnect or Futures for Frontliners participant.
- Be enrolled at least half-time (6 credits) in at least 2 semesters in your program in a 12-month period. The credits must be in your associate degree or skill certificate program. The semesters do not need to be consecutive.

**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:**

**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
- 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. Failure to do so 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: \_\_\_\_\_



Description/Explanation	
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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

Enrollment: ☐ FA \_\_\_\_ cr    ☐ SP \_\_\_\_ cr    ☐ SU \_\_\_\_ cr

Approved ☐ Denied ☐

**Comments/Notes:**

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**Date Received:** \_\_\_\_\_ **Appeal Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_