



## State Funded Continued Eligibility Appeal Form 2026-2027

**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 as a pdf, in paper format or faxed scan only. Any submission of this form outside these formats, including web links and word documents, are not accepted. Submission of this form without a 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: \_\_\_\_\_



