

Financial Aid Office, 2755 E. Napier Avenue Benton Harbor, MI 49022 Phone: 269-927-8112/ Fax: 269-927-8183 Forms: <u>FAforms@lakemichigancollege.edu</u> Questions: finaid@lakemichigancollege.edu

# **State Funded Continued Eligibility Appeal Form**

<u>Michigan Reconnect or Future for Frontliners Appeal</u>: 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**. In order 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 <u>enrollment</u> can be filed by completing these steps:

- Fill out the State Funded Continued Eligibility Appeal Form completely.
- Applications must meet the criteria listed on the next page and include supporting documentation.
- Appeals can take 10 to 15 business days for processing.

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

<u>Print and mail OR return to:</u> Financial Aid Office 2755 E. Napier Avenue Benton Harbor, MI 49022 <u>OR FAX to:</u> (269) 927-8183 OR scan/email to: FAforms@lakemichigancollege.edu

## **Student Certification**

- I understand the outcome of my appeal will be sent via my WaveLink account.
- I understand that any misrepresentation of the facts can result in formal disciplinary action and will be cause for denial.
- I understand that if additional information is requested, I will have 10 business days to submit said information. Failure to do so will result in my appeal being denied.

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

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

\_\_ Date: \_\_\_\_\_

First Name:	Last Name:		LMC Student ID:	
Term and Year of appeal:	□ Fall (Year)	Spring (Year)	□ Summer (Year)	
Major/Program of Study:				
Birth Date:	Address:			
Apt/Box #: City:		State:	Zip:	
Phone Number:	*Student Signature:			

\*Please take note: By providing a phone number I consent to LMC leaving messages via voicemail, text messages, and/or verbal messages with any person who answers at the number given with specific information related to LMC (course enrollment, appointments, advising, financial aid, payments, admission, etc.).

# **Complete for Michigan Reconnect or Future for Frontliners appeal:**

Check which fits your situation:	Include this documentation:	
<ul> <li>Death of an immediate family member (spouse, child, parent, sibling or legal guardian of the student).</li> </ul>	Obituary or death certificate which includes your relationship to the deceased.	
<ul> <li>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</li> <li>*Starting/Accepting a new job is not applicable.</li> </ul>	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</b> <b>options to complete the semester before an exception is considered</b>	
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.	
<ul> <li>Call to military duty.</li> <li>*Voluntary enlistment and subsequent call to duty during enrolled semester of appeal not applicable. *</li> </ul>	Submit a copy of your military orders with dates.	
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.)	

First Name: \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_ LMC Student ID: \_\_\_\_\_\_

### **Description/Explanation**

Must include 'Why you failed to make the enrollment requirement and explain what will allow you to meet it in the future.' Please keep in mind, appeals are not accepted for the GPA requirement.

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

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 O	nly
Enrollment:  FA cr SP cr SU cr	Approved 🗆 Denied 🗆
	Date

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