

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 enrollment 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:

Print and mail OR return to: Financial Aid Office 2755 E. Napier Avenue Benton Harbor, MI 49022 OR FAX to: (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 <u> </u>	□ Summer <u> </u>	
Major/Program of Study:				
Birth Date:	Address:			
Apt/Box #: City:		State:	Zip:	
*Please take note: By providing a p	hone number I consent to LN	AC leaving messages via voicen	nail, text messages, and/or verbal mes	
person who answers at the number payments, admission, etc.).	given with specific informat	ion related to LMC (course enr	rollment, appointments, advising, finar	ncial aid,

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

Check which fits your situation:	Include this documentation:
☐ 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.
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  *Starting/Accepting a new job is not applicable.	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. Students must make every effort to find options to complete the semester before an exception is considered
☐ 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.
Call to military duty.  *Voluntary enlistment and subsequent call to duty during enrolled semester of appeal not applicable. *	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:	
	<u>De</u>	scription/Explanation		
		ent requirement and explain pted for the GPA requirement	n what will allow you to meet it in the ent.	
*Please add	d additional paper or atta	achments if you need more	space to write your appeal*	
I certify that all information the information reported		mplete, and accurate. Upor	request, I agree to provide proof of	
Student Signature:		Date:		
FA Office Use Only				
Enrollment: ☐ FA cr ☐ SP	cr		Approved □ Denied □	
Comments/Notes:				
Date Received:	Appeal Reviewed by	Date		