Leave of Absence Request from Scholarship Program 2023 – 2024

SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL

This informational form is for students already approved for Michigan Reconnect or Futures for Frontliners, and have completed at least one semester, who will be requesting a leave of absence from the applicable scholarship program at Schoolcraft College. More information on these programs and your eligibility can be found by logging into the state's student portal on Michigan.gov/mistudentaid. Please complete all questions below and submit back to the Office of Financial Aid.

STUDENT	INFORMATION		
Last Name		Middle Initial	Student ID Number
1.	Is this your first Leave of Absence requ	uest? □ Yes □ No	
	(Note:	Documentation will be required for	or requests)
2.	Which program have you been approv	red for? Michigan Reconnect	☐ Futures for Frontliners
3.	When is your anticipated reentry date	? Semester: Year:	
4.	4. Reason for requesting the leave:		
 HEALTH: Student experiencing lengthy illness, injury, or hospitalization. CAREGIVING: Student is caregiver for a loved on experiencing a lengthy illness, injury, or hospitalization MANDATORY WORK SCHEDULE CHANGE: Student's employer implements a mandatory change in stude work schedule. BEREAVEMENT: Student experiencing death of a loved one. MILITARY DEPLOYMENT: Student is deployed for military duty. WAITLIST FOR SCHOOLCRAFT PROGRAM: Program name: PERSONAL HARDSHIP: Student experienced a life event outside of their control, not listed above. MUST COMPLETE PAGE 2. We must have your FAFSA on file for the current academic year 			lengthy illness, injury, or hospitalization inplements a mandatory change in student's instruction in the student of their control, not listed above.
AUTHORIZ By signing	ZATION this form, I agree it is my responsibility	to notify the Office of Financial Aic	l if the information above changes.
Student Si	gnature	Date	FAR23AAR

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PERSONAL HARDSHIP: If you indicated Personal Hardship on the first page of this form, please complete all questions below and submit to the office of Financial Aid with supporting documentation attached.

1.	What was your hardship?
2.	When did your hardship begin and end?
3.	What steps have you taken to ensure this hardship will no longer impact your education?