

## 2025-26 LEAVE OF ABSENCE FROM SCHOLARSHIP PROGRAM

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 them back to the Office of Financial Aid.

Student Name:	Student ID Number:
Is this your first Leave of Absence reque	est? □ Yes □ No
Which program have you been approve	d for?
☐ Michigan Reconnect	☐ Futures for Frontliners
When is your anticipated reentry date?	Semester: Year:
1	REQUIREMENTS:
schedule change, bereaveme	e leave (questions on page 2).  The issue, caregiving for a loved one, a mandatory work ent, military deployment, being waitlisted for a program, ent outside of the student's control.
letter. If submitting a third-p relationship to you, contact i letters must be on official let	ort, death certificate, doctor's note, or third-party earty letter, the letter MUST include the person's name, information, and handwritten signature. Professional eterhead. If you were waitlisted for a program, please the semester you start the program.
3. Complete the FAFSA for the current	t academic year.
<b>HORIZATION:</b> By signing this form, I agreen formation above changes.	e it is my responsibility to notify the Office of Financial Aid if
lent Signature	 Date

\*SIGNATURES MUST BE HANDWRITTEN\*



## **Reason for Leave of Absence**

eading to your	eason for your leave? Please include dates for when the circumstances leave took place.
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What steps have	re you taken to ensure these circumstances will no longer impact your