

**2026-27 MICHIGAN TUITION INCENTIVE PROGRAM (TIP)
OUT-OF-DISTRICT REQUEST FORM**_____
Student Name_____
Student ID #

**This form must be submitted each academic year for the Out-of-District TIP to be applied to your account.
Students submitting this form must ALREADY be eligible for TIP through the State of Michigan.**

The State of Michigan restricts scholarships to pay the resident (or in-district) rate of tuition even for students who are non-resident (or out-of-district) and have a higher rate of tuition. The Tuition Incentive Program (TIP) has an allowance for students in certain situations to receive TIP payment at the higher out-of-district rate of tuition. Please select the situation that best fits.

☐ I do NOT live in a Michigan Community College District☐ I DO live in a Michigan Community College District, BUT my local Michigan Community College does NOT offer the program I am studying at Schoolcraft College.

- Name of your local Michigan Community College: _____
- Program you are enrolled in at Schoolcraft College: _____

Additional Information Needed

Anticipated Graduation: Semester: _____ Year: _____

Address: _____

City: _____ State: _____ Zip: _____

We must have your FAFSA on file for the current academic year.

AUTHORIZATION

By signing this form, I agree it is my responsibility to notify the Office of Financial Aid if the information above changes.

Student Signature_____
Date

****SIGNATURES MUST BE HANDWRITTEN****