Schoolcraft College®

FINANCIAL AID
Phone: 734-462-4433 | Fax: 734-462-4527
schoolcraft.edu/aid | finaid@schoolcraft.edu

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. This form must be submitted when you are **returning** from your leave, and once the FAFSA for the year you are returning has been completed and sent to Schoolcraft. 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 request? ☐ Yes ☐ No

Which program have you been approved for?

☐ Michigan Reconnect ☐ Futures for Frontliners

When is your anticipated reentry date? Semester: _____ Year: _____

REQUIREMENTS:

1. **Explain why you are requesting the leave (questions on page 2).**
   - Reasons may include a health issue, caregiving for a loved one, a mandatory work schedule change, bereavement, military deployment, being waitlisted for a program, or another significant life event outside of the student's control.

2. **Attach supporting documentation.**
   - Examples include police report, death certificate, doctor's note, or third-party letter. If submitting a third-party letter, the letter MUST include the person's name, relationship to you, contact information, and handwritten signature. Professional letters must be on official letterhead. If you were waitlisted for a program, please attach the email confirming the semester you start the program.

3. **Complete the FAFSA for the current academic year.** Note that this should be the FAFSA for the academic year in which you are **returning** from your leave.

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

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Reason for Leave of Absence

1. What was the reason for your leave? Please include dates for when the circumstances leading to your leave took place.

2. What steps have you taken to ensure these circumstances will no longer impact your education?