



EUP Promise Zone Scholarship

Who can apply: Any student graduating from a private or public high school, or registered home-school, in the EUPISD area and attending Lake Superior State University or Bay Mills Community College.

The Promise Zone is a last-dollar scholarship. Disbursements from the Promise Zone Scholarship shall be paid directly to the partnering institutions.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #
City State Zip Code
Phone: _____ Email: _____

High School Education

High School: _____ Graduation Date: _____

Higher Education Information

Name of School Attending: _____
Address: _____
Will you be a full-time student: _____ Will you be attending a full academic year: _____
If no for either question, please explain: _____
Degree you will be pursuing: _____ Major: _____ Minor: _____

Completed application and all required attachments must be turned into the Chippewa County Community Foundation by
APRIL 15, 2026

Drop off: CCCF
1122 E Easterday Ave Ste B
SSM, MI 49783
(located in the Michigan Works Building)

Mail to: CCCF
PO Box 1979
SSM, MI 49783

Email: info@chippewacountycf.org
Phone: 906-635-1046
www.chippewacountycommunityfoundation.org

SCHOLARSHIP APPLICANT REQUIREMENTS:

- Students will have 5 years from date of high school graduation from an eligible school or from the date of issuance of an approved high school credential, GED or equivalent.
- Eligible institutions include Lake Superior State University or Bay Mills Community College.
- Applicant must complete and submit FASFA
- Applicant must complete and submit FERPA Release to the Chippewa County Community Foundation and applicable institutions and maintain enrollment at eligible institutions.
- Scholarship recipients are eligible for renewal until 72 hours have been earned



Authorization to Release/Rescind FERPA Protected Academic Information

The Family Educational Rights and Privacy Act (FERPA) prohibits LSSU from releasing your academic information to anyone other than you. By completing the Authorization portion of this form, you are giving LSSU permission to release your academic information to a designated individual. You may rescind this permission by completing the Rescind Permission section below.

Student's Legal Name: _____ **Student ID:** _____
(Please Print) Last First Middle

Authorization to Release FERPA Protected Academic Information:

I authorize LSSU to release all academic information (including but not limited to) grades, GPA, attendance, enrollment and registration information, course selection, academic standing, advising, etc. to the designated individual(s) below.

Designated Individual(s) Information:

Name: _____ Relationship to Student: _____
(Please Print) Last First

Name: _____ Relationship to Student: _____
(Please Print) Last First

Authentication: When the designated individual contacts LSSU, the individual will be required to provide your Student ID number and authentication code. Do not choose an authentication code that can be easily guessed. If you forget, misplace, or want to change your authentication code, please complete a new form.

Authentication Code: ____ ____ ____ ____ Enter 4 digits. (Do Not use birthdate or last 4 digits of SSN.)

Student's Signature: _____ **Date:** _____

Rescind Permission to Access FERPA Protected Academic Information:

I rescind permission for access to my academic information. Please remove the Authentication Code.

Student's Signature: _____ **Date:** _____

Return completed, signed form to:

Registrar's Office
Fletcher Center for Student Services
Lake Superior State University
650 W Easterday Avenue
(906)635-2682 Phone
(906)635-6202 Fax
registrar@lssu.edu

Office Use Only: ____SOATEST ____Scan _____Processed

Bay Mills Community College



AUTHORIZATION TO RELEASE STUDENT INFORMATION

Federal law prohibits BMCC from discussing your information with anyone, unless authorized in writing by you. This authorization is effective until you graduate or cancel the release.

<p>Section I – Student Information</p> <p>Student's Name _____ Phone _____</p> <p>Student ID number _____</p>
<p>Section II – Authorization Information</p> <p>I authorize only the person or persons listed to receive my information:</p> <p>Name _____ Name _____</p> <p>I authorize BMCC to release the following information: (Check all that apply)</p> <p><input type="checkbox"/> Financial Aid Information: Satisfactory Academic Progress, GPA, FAFSA info, Award Amounts</p> <p><input type="checkbox"/> Student Account Information: Account Balances, Account Charges, Billing, Payments, Refunds</p> <p><input type="checkbox"/> Student Registration Information: Class Schedule, Grades, Grade Point Average</p> <p><input type="checkbox"/> Student Transcript Ordering</p>
<p>I certify that I have authorized the release of my information to the individual(s) listed above.</p> <p>Student Signature _____ Date _____</p>

Cancellation of the Release of Student Information

I request cancellation of this release.

Student Signature _____ Date _____

You may request cancellation of this release at any time. If you wish to reinstate the release in part or in whole, you must fill out another authorization form.

Revised 10-31-11

12214 W. Lakeshore Drive • Brimley, MI 49715 • 1-800-844-BMCC (2622) • Fax (906) 248-3351 • www.bmcc.edu