Chippewa County Community Foundation

EUP Promise Zone Scholarship

Who can apply:

Any student graduating from an EUP High School and attending Lake Superior State University or Bay Mills Community College

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: _____

_____

Completed application and all required attachments must be turned into the Chippewa County Community Foundation

by **AUGUST 31, 2026**

Mail to: CCCF, PO Box 1979, SSM, MI 49783 (or drop off at 1122 E Easterday Ave Suite B).
PH: 906-635-1046 Email: info@chippewacountycf.org www.chippewacountycommunityfoundation.org

SCHOLARSHIP APPLICANT REQUIREMENTS:

- Students will have 5 years from the 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 and Bay Mills Community College.
- Applicant must be a resident of the Eastern Upper Peninsula Intermediate School District for at least one school year, including applicant's graduation year
- Applicant must complete and submit FAFSA
- Applicant must complete and submit appropriate FERPA form to the Authority Board/CCCF and applicable institutions and maintain enrollment at eligible institutions
- Scholarship recipients are eligible for renewal until 72 hours have been earned

LAKE SUPERIOR STATE UNIVERSITY

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: _____

(Please Print) Last _____ First_____ Middle_____

Student ID: _____

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: _____

Name: _____ Relationship to Student: _____

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.

Authentication Code: ____ ____ ____ ____ (Enter 4 digits. Do NOT use birthdate or last 4 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
Phone: (906) 635-2682 Fax: (906) 635-6202 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.

Section I - Student Information

Student's Name: _____

Phone: _____

Student ID Number: _____

Section II - Authorization Information

I authorize only the person or persons listed to receive my information:

Name: _____

Name: _____

I authorize BMCC to release the following information: (Check all that apply)

☐ Financial Aid Information: SAP, GPA, FAFSA info, Award Amounts

☐ Student Account Information: Balances, Charges, Billing, Payments, Refunds

☐ Student Registration Information: Class Schedule, Grades, GPA

☐ Student Transcript Ordering

I certify that I have authorized the release of my information to the individual(s) listed above.

Student Signature: _____ Date: _____

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.

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