

## Student Scholarships, Grants and Outreach (SSGO) Refund Worksheet for Futures for Frontliners (F4F) and Michigan Reconnect Scholarship (Reconnect) Programs

When is this form to be used?

1. If an adjustment is not possible in MiSSG, you need to complete and return this form to SSGO with a physical check.
2. If an adjustment is made; however, your institution's balance is insufficient, complete and return this form to SSGO with a physical check.
3. If an institutional audit is complete and money has been improperly paid for a previous fiscal year, complete and return this form to SSGO with a physical check.

If your refund does not fit one of these parameters, contact SSGO's Customer Care Center at 1-888-447-2687 for further assistance.

**The check must be attached to the form to ensure proper processing.**

Institutions must return funds if students do not meet the enrollment standard, do not make satisfactory academic progress, if a student withdraws, or otherwise does not meet program requirements after final payment. Form and check should be sent to the refund specific P.O. Box listed at the bottom of this form.

**NOTE: Institutions should not complete a refund for the current year until after the 4th quarter payment and/or notification is received from the program coordinator. Any differences in aggregate amounts awarded and paid are designed to net out naturally over the course of the four quarterly payments. If you need to make a current year adjustment, do so in MiSSG. The procedures can be found in the [MiSSG Technical Manuals](#) under "Adjustments for Reimbursement" or "Refunding Paid Reimbursements" sections of each program. The procedures for Futures for Frontliners and Reconnect are found in the [MiSSG Manual for Futures for Frontliners](#) and [MiSSG Manual for Michigan Reconnect](#).**

Institution Name	Academic Year	Number of Students	Check Number	Total Refund Due
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Use one worksheet per program:  Futures for Frontliners Scholarship  Michigan Reconnect Scholarship

Student Name	MiSSG ID	Semester/ Term	Date Semester/ Term Began	Original Credits Billed	Original Tuition and Mandatory Fees Paid	Original Contact Hours Paid	Corrected Credits	Corrected Tuition and Mandatory Fees Amount	Corrected Contact Hours Amount	Amount of Refund	Reason for Refund

Use page 2 for additional entries. **Total**

Authorized Signature	Title	Date
Direct Phone Number	Fax Number	E-mail Address

**Make checks payable to: State of Michigan**  
**Send form and check to: Michigan Department of Treasury, SSGO Refunds, P.O. Box 30782, Lansing, MI 48909**

Phone: 1-888-447-2687, Fax: 517-241-5835, E-mail: [mistudentaid@michigan.gov](mailto:mistudentaid@michigan.gov)

