

# HIGHLAND COMMUNITY COLLEGE FOUNDATION

## CHARLES ENDRESS MEMORIAL SCHOLARSHIP

2025-2026

### APPLICATION

This scholarship consists of a cash award for a full-time student's academic year at Highland Community College.

1. Students must be pursuing a major in education with an emphasis in the field of science or technology. If no qualified applications are identified students interested in teaching will be the secondary choice.
2. Student must be a Pearl City or Le-Win High School graduate with a minimum GPA of 3.0 on a scale of 4.0.
3. Attendance at the Scholarship Award Ceremony is mandatory.

A written thank you letter to the donor will be required before award is applied to your account. Letters should be sent c/o HCC Foundation, 2998 W Pearl City Road, Freeport IL 61032 or emailed to [foundation@highland.edu](mailto:foundation@highland.edu)

### **PRIORITY FILING DEADLINE: September 19, 2025**

Please print or type clearly. Use extra paper if necessary.

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your High School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ High School Grade Point Average (GPA): \_\_\_\_\_

Are you Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how many hours per week: \_\_\_\_\_

Employer: \_\_\_\_\_

Your Major: \_\_\_\_\_

College or University Where You Plan to Transfer: \_\_\_\_\_

Your Ultimate Educational Goal: \_\_\_\_\_

over

## HIGHLAND COMMUNITY COLLEGE FOUNDATION

Please list the extracurricular and community activities which you have been involved in: i.e., sports, newspaper, science, math club, computer science, etc.:

Please list any awards or recognition you have received.

In a brief paragraph, write about your educational goals.

Please staple an **UNOFFICIAL** copy of your most recent transcripts (college, high school, GED, etc.). Unofficial copies of Highland transcripts **MUST** be obtained/requested from the Admissions and Records Office; transcripts printed from ROAR will **NOT** be accepted. I authorize Highland Community College to release my financial information and other academic records to the HCCF Scholarship review committee for purposes that may be used to determine eligibility for all scholarships.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed application to: HIGHLAND COMMUNITY COLLEGE FOUNDATION  
2998 W. PEARL CITY ROAD  
FREEPORT, IL 61032  
815.599.3413