

HIGHLAND COMMUNITY COLLEGE FOUNDATION

PHILIP GORDON MEMORIAL SCHOLARSHIP

2025-2026

APPLICATION

1. Applications will be accepted from students pursuing an Associate of Science degree in Business Administration with preference to a son or daughter of a Highland graduate.
2. The scholarship consists of a cash award for a full-time student attending Highland Community College (half the award will be issued in the fall with the remaining balance issued in the spring after confirmation of standards of academic progress). The amount of the award may vary dependent upon investment earnings.
3. A minimum GPA of 3.0 or greater on a 4.0 scale is required.
4. Financial need is a consideration. A copy of the Student Aid report (SAR) or a copy of a completed Financial Aid Application (FAFSA) must be on file at the Highland Community College Financial Aid Office for the school year of the application.

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

FILING DEADLINE: APRIL 1, 2025

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

Student's Name: _____

Address: _____ Town & State: _____ Zip: _____

County: _____ Telephone: _____

Email Address: _____

Your High School: _____

Year Graduated: _____ Received GED: _____

High School Grade Point Average (GPA): _____

Employer: _____

College or University Where You Plan to Transfer: _____

The name and year your Mom or Dad graduated from Highland: _____

Have You Applied for Admission to Highland? Yes _____ No _____

over

HIGHLAND COMMUNITY COLLEGE FOUNDATION

Please list any community activities in which you have been involved. _____

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