HIGHLAND COMMUNITY COLLEGE FOUNDATION

ONE HIGHLAND
UNIVERSAL NURSING/HEALTHCARE SCHOLARSHIP APPLICATION
2025-2026

INSTRUCTIONS:
1. Complete this form, sign and date. Attach additional paper if needed.
2. Review the scholarship descriptions for specific requirements and check off those scholarships for which you qualify.
3. Attach UNOFFICIAL copy of your most recent transcripts

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: June 1, 2025

Please print or type clearly.

Applicant's Name: _____

Address: _____Town & State: _____ Zip: _____

Email Address: _____ Telephone: _____

County_____

Your High School: _____ Year Graduated _____

High School Grade Point Average (GPA): _____ Received GED?_____(year)

Semester of enrollment (if enrolling for CNA): Summer _____Fall _____Spring _____
HCC enrollment: Full time _____Part time _____

Are you employed?   Yes _____   No _____   How many hours per week? _____

Employer: _____

Do you identify as a racial minority? No_____Yes_____Race/Ethnicity (Optional)_____

How is your education being financed? (Check all that apply)
Work Income_____ Family Help_____Scholarships/Grants _____Loans_____

Do you have FAFSA on file with HCC? yes _____no _____

Have either of your parents received a Bachelor's Degree or higher? _____

Have you been accepted into the HCC Nursing program?_____

College or University where you plan to transfer (if known)_____

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Please list any community activities in which you have been involved in including relevant paid or volunteer work experience.

Please write what made you become interested in your major and your circumstances of financial need. Use additional paper if necessary.

Please staple an **UNOFFICIAL** copy of your most recent transcripts (college, high school, GED, etc.) to your application. 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

Select Scholarships on page 3

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Mark **X** for each scholarship where you meet the requirements	Scholarships available to healthcare majors in advance of acceptance into Nursing program	Freshman (F) or Sophomore (S)	Full time or Part time	Min GPA	in district or Out of District	Other Requirements
	Health Care Scholarships available in advance of acceptance into Nursing program					
	Buss Natural Science	F/S	FT	3.00	In or Out	Academic excellence will be the primary criteria used in determining the winner.
	Fairbairn, Carl	F/S	FT/PT		In or Out	Enrolled in healthcare program
	Ferguson Foundation Nursing	F/S	FT	3.00	In or Out	major is Nursing
	Hill, Dr. and Mrs. Ozro	F/S	FT		In or Out	Study of health/healing/premed if not education major
	Johnson, Edna Hayden Memorial	F/S	FT/PT		IN	African American Female pursuing Education, Cosmetology, **Nursing**, Freeport, Illinois resident. Financial Need.
	Klaas, Emmert and Florence	F/S	FT		IN	Preference to ADN not to include CNA. Must be enrolled in 12 or more credit hours each semester
	Kleckner, Charles Memorial	F/S	FT/PT		In or Out	currently employed as CNA and pursuing higher education OR pursuing CNA certificate
	Meier, Gerald	F/S	FT/PT		In or Out	Available to **healthcare** and agriculture majors
	Warthen, Harry	F/S	FT/PT		In or Out	CNA or PCT certificate, 1st preference geriatrics
	Health Care Scholarships available only *after student is accepted into Nursing program*					
	Block, Mary	S	FT/PT		In or Out	Must be accepted into HCC nursing degree program.
	Endress, Deb Memorial	S	FT/PT		In or Out	Must be accepted into HCC nursing degree program.
	Kutz Family	F/S	FT/PT	2.50	In or Out	Enrolled in the Nursing Program, Financial Need
	Mihina, Joseph and Bettye	F/S	FT	3.00	In or Out	Must be accepted into nursing program. Financial Need
	Pickard, Wendy Kay	F/S	FT/PT	2.5	In or Out	Must be accepted in Nursing program. Financial Need
	Staley, Caroline Pohl Memorial	F/S	FT/PT	2.5	In or Out	Must be accepted into HCC nursing degree program. First preference to non-traditional student
	Stamm, Betty and Ray	F/S	FT/PT		IN	Nursing (not including CNA)/ preference to Lena-Winslow then HCC district. Financial Need
	Stamm, Betty and Ray (Healthcare Employee)	F/S	FT/PT		IN	Student must be currently working in the Highland district at one of the local Nursing Center facilities.
	Trunck, William Memorial	F/S	FT		In or Out	Accepted into ADN nursing program, 12 or more credit hours, first preference to a male nursing student
	Yates, Dorothy	F/S	FT		In or Out	Resident of Illinois, accepted in nursing program with preference to ADN full-time student