

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) \_\_\_\_\_

## HIGHLAND COMMUNITY COLLEGE FOUNDATION

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**

# HIGHLAND COMMUNITY COLLEGE FOUNDATION

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