

HIGHLAND COMMUNITY COLLEGE FOUNDATION

HARRY A. WARTHEN BNA COMPLETION AWARD

APPLICATION

The scholarship is awarded upon completion of the 8-week BNA program at Highland Community College.

Scholarship amount varies, but will not be for more than the total of tuition, fees, and associated program costs.

Documentation must be submitted for medical and bookstore reimbursement requests. Please check off any of the following that you are including:

- ☐ Drug Screen
- ☐ Immunizations
- ☐ Physical
- ☐ TB test
- ☐ Books
- ☐ Scrubs

FILING DEADLINE: Week 4 of BNA Program you are enrolled in

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

Applicant's Name: _____

Address: _____ Town & State: _____ Zip: _____

Email Address: _____ Telephone: _____

Your High School: _____

Year Graduated: _____ Received GED: _____

High School Grade Point Average (GPA): _____

Semester of enrollment: Summer _____ Fall _____ Spring _____

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

Employer: _____

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

In a brief paragraph, please write what made you become interested in the health field.

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

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: Cassie Mekeel
Highland Community College Nursing Department
2998 W. Pearl City Rd.
Freeport, IL 61032
815.599.3685