

HIGHLAND COMMUNITY COLLEGE FOUNDATION

MR. AND MRS. ROBERT P. WURTZEL MEMORIAL SCHOLARSHIP

2025-2026  
APPLICATION

This scholarship consists of an award (amount may vary depending upon available income) for a student's academic year at Highland Community College. (Recipient must enter Highland as a full-time student for each semester.)

Applications for this scholarship will be accepted from students who will be attending Highland next fall.

Priorities for selection:

- A. Academic major-Journalism (other communications fields also considered).
- B. Academics:  
High academic achievement in high school as well as at HCC or previous college (if applicable).
- C. Resident of Stephenson County (other residences within HCC district will be considered).
- D. Financial Need:  
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](mailto:foundation@highland.edu)*

**FILING DEADLINE: APRIL 1, 2025**

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

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town & State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Year Graduated: \_\_\_\_\_ Received GED: \_\_\_\_\_

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

Your major /academic interest: \_\_\_\_\_

## HIGHLAND COMMUNITY COLLEGE FOUNDATION

In a brief paragraph, write about your educational and vocational 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