



HIGHLAND COMMUNITY COLLEGE

DUAL CREDIT SCHOLARSHIP

The Dual Credit Scholarship is sponsored by Highland Community College-Rubin Education Endowment Fund of the Community Foundation of Northern Illinois.

2025-2026 School Year
APPLICATION

This scholarship consists of an award for a high school student who is enrolled in a dual credit course through Highland Community College. The scholarship award will not exceed \$600 or the total cost of tuition and fees, whichever is less. Scholarship proceeds may be applied to equipment kit cost that are required for the enrolled dual credit course and applied to the student's account.

Scholarship will provide funds for students with financial needs who are attending high school or homeschool in Boone, Carroll, Jo Daviess, Ogle, Stephenson or Winnebago counties of Illinois attending HCC.

Criteria for selection:

1. Eligibility for this program is based on financial need. Student **MUST** be a recipient of the School Fee Waiver program.

School Official's Signature

Date

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

Student ID Number: _____

Applicant's Name: _____

Address: _____

Town/State, Zip: _____

County: _____

Telephone: _____

Email Address: _____

For Office Use Only:

Date Received _____ Date Approved/Denied _____ Pell Eligible _____

Past Balance _____ Current Balance _____

Notes _____



HIGHLAND COMMUNITY COLLEGE

What Semester will you be enrolled and applying for? (check ___ Fall ___ Spring ___ Summer)

Your High School: _____

High School Graduation Year: _____

High School Grade Point Average (GPA): _____

Your major/academic interest: _____

Number of Family Members in Household: _____

Number of Family Members in College: _____

Please list the extracurricular and community activities in which you have been involved: ___

Please list any awards or special recognition you have received: ___

In a brief paragraph, write about your educational and/or vocational goals: _____



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Please staple an **UNOFFICIAL** copy of your most recent high school transcript to your application.

I authorize Highland Community College to release my financial information and other academic records to the CFNIL Scholarship review committee for purposes that may be used to determine eligibility for all scholarships. I also understand that student scholarship recipient data including the number of credits earned and retention will be included in the reports to the Community Foundation of Northern Illinois.

Applicant's signature: _____ Date: _____

Return completed application to: HIGHLAND COMMUNITY COLLEGE FOUNDATION
2998 W. PEARL CITY ROAD
FREEPORT, IL