ONE HIGHLAND UNIVERSAL NURSING/HEALTHCARE SCHOLARSHIP APPLICATION 2024-2025

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

<u>A written thank you letter to the donor will be required before award is applied to your account.</u>
<u>Letters should be sent c/o HCC Foundation, 2998 W Pearl City Road, Freeport IL 61032 or emailed to foundation@highland.edu</u>

FILING DEADLINE: June 1, 2024 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)

Please list any community activities volunteer work experience.	es in which you have been involved in including relevant paid or
Please write what made you becom additional paper if necessary.	ne interested in your major and your circumstances of financial need. Use
	by of your most recent transcripts (college, high school, GED, etc.) to your land transcripts MUST be obtained/requested from the Admissions and Records will NOT be accepted.
	ege to release my financial information and other academic records to the HCCF poses 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

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
ŀ	lealth Care Sch	olarship	s avai	lable i	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.
	Ferguson Foundation Nursing	F/S	FT	3.00	In or Out	major is Nursing
	Hill, Dr. and Mrs.	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
Heal	th Care Scholar	ships av	<u>railable</u>	e only	after stu	dent is accepted into Nursing program
	Block, Mary	S	FT/PT		In or Out	Must be accepted into HCC nursing degree program.
	Illinois Community College System Foundation Healthcare	F/S	FT	2.50	In or Out	Acceptance into nursing program with preference to an ADN student, Financial need considered
_	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