

HIGHLAND COMMUNITY COLLEGE FOUNDATION

DIVERSITY SCHOLARSHIP

2025-2026
APPLICATION

This scholarship consists of a \$2,000 award to be used for tuition or related expenses for a full-time or a \$1,000 award for a part-time student enrolling in a degree or certificate program at Highland Community College. (The scholarship will be split with half of the award issued in the fall and the remaining portion issued in the spring after confirmation of standards of academic progress.)

Criteria for selection:

- A. Preference to Student of Color (e.g. Black, Hispanic, African American, Asian, American Indian or Alaskan Native, Asian or Pacific Islander, etc.)
- B. Financial need is a consideration

This award is not given for academics or highest GPA but for general accomplishments, likeliness, and determination to succeed. Preference given to a first-generation student in which neither parent has received a bachelor's degree.

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: April 1, 2025

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

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

Email Address: _____

Your High School: _____

Year Graduated: _____ Received GED: _____

Are you employed? Yes ___ No ___ If so, how many hours per week? _____

Employer: _____

Your Educational Goal Interest: Associate Degree ___ Bachelor Degree ___
Masters Degree ___ Doctoral Degree ___

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In a brief essay, tell us your story about your dreams and aspirations; how you hope to succeed and any financial hardships you may be challenged with. Also, please share your plans on attaining your educational and vocational goals and any barriers you have to overcome in the pathway to your success. (Attach additional paper if needed.)

Please staple an **UNOFFICIAL** copy of your most recent transcripts (college, high school, GED, etc.) to your application. I authorize my financial information and other academic records to the 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
Phone number 815-599-3413