

# HIGHLAND COMMUNITY COLLEGE FOUNDATION

## DR. MARIE HEIMERDINGER PRE-PROFESSIONAL HEALTH SCHOLARSHIP

2025-2026  
APPLICATION

1. This scholarship is available to Highland Community College sophomore(s) in a pre-professional medical degree program at Highland Community College, including
  - Pre-Medicine (418)
  - Pre-Pharmacy (422)
  - Pre-Medical Technology (416)
  - Pre-Dentistry (412)
  - Pre-Chiropractic (430)
  - Pre-Veterinary Medicine (424)
2. The scholarship award is \$4,000 for the academic year and may be used toward tuition, books, fees, and related expenses.
3. Preference given to Stephenson County residents
4. Financial need a consideration.

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: June 1, 2025

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

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

Address: \_\_\_\_\_ Town and 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: \_\_\_\_\_

Have you decided on the college or university to which you would like to transfer after HCC?

If so, please give the name and location: \_\_\_\_\_

Your Educational Goal:      Associate Degree \_\_\_\_\_ Bachelor Degree \_\_\_\_\_  
   Masters Degree \_\_\_\_\_ Doctoral Degree \_\_\_\_\_

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Please list any awards or recognition you have received along with any extracurricular, volunteer/ community or work-related activities in which you have been involved.

**Attach to this application an essay discussing why you decided to pursue a career in the medical field and what inspired you to become involved in this field.**

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