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HIGHLAND COMMUNITY COLLEGE FOUNDATION

LOUIS FAUSER/BANKERS MUTUAL LIFE SCHOLARSHIP

2008-2009

APPLICATION

Each scholarship is a one-year \$500 award for education-related expenses, with a possible renewal for a second year (student must re-apply). To qualify, you must live in the Highland district and intend to pursue a full-time insurance-related career, such as Business Administration, Computer Science, Mathematics, Health, or Secretarial Science. The awards are given for academic and general accomplishments, and likeliness to succeed, not for financial need or the highest grade point average. If chosen, you must remain in good academic standing with the college and exhibit good citizenship.

FILING DEADLINE: APRIL 1ST

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

Applicant's Name: _____

Address: _____ Town/State: _____ Zip: _____

County: _____ Telephone: (____) _____

Your High School: _____ Rank in Class: _____

Year Graduated: _____ Received GED: _____

High School Grade Point Average (GPA): _____

ACT scores: English _____ Math _____ Reading _____ Sci. Res. _____ Composite _____
(Standard Scores)

Employer (if applicable): _____

Have You Applied for Admission to Highland? ____yes ____no

Your Educational Goal: _____Associate Degree _____Bachelor Degree
_____Masters Degree _____Doctoral

Your Major/Academic Interest: _____

Please list the extracurricular and community activities in which you have been involved in i.e., sports, newspaper, science, math club, computer science, etc.:

Please list any awards or special recognition you have received.

In a brief paragraph, write about your educational and vocational goals.

Please include any other pertinent information not covered above.

Please staple an **UNOFFICIAL** copy of your most recent transcripts (college, high school, GED, etc.) and a copy of your ACT scores (if applicable) 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