

FMHALU HIGHLAND COMMUNITY COLLEGE FOUNDATION  
FREEPORT MEMORIAL ALUMNI NURSING  
2023-2024  
SCHOLARSHIP APPLICATION

The information requested in this application will help the Scholarship Committee determine your qualifications for a scholarship. Therefore, it is to your advantage to give as complete and accurate answers as possible to all questions. Preference will be given to applicants who are accepted in the ADN, BS, or MS Nursing program.

**Criteria:**

1. Student must be accepted in the Nursing program.
2. Official transcripts attached
3. Financial need may be a consideration

Applications may be mailed to:

Vicki Spyrison  
1603 Hickory Hill Ln  
Freeport, IL 61032  
OR  
Marilyn Thoren  
3304 W Orangeville Rd  
Orangeville, IL 61060

**FILING DEADLINE: June 1, 2023**

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your High School: \_\_\_\_\_ High School (GPA): \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Received GED: \_\_\_\_\_

Your major: \_\_\_\_\_

In a paragraph, write about your educational and vocational goals. (Attach additional sheets if needed)

Please list the extracurricular and community activities in which you have been involved and describe your involvement in the community, including any organizational, civic, or volunteer work.

Please list any honors/awards or recognition you have received.

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employed By: \_\_\_\_\_  
 Children Ages: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employed By: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employed By: \_\_\_\_\_

List your part-time or full-time jobs (starting with most recent).

Employer	Duties	Dates	Hours/Week

**FINANCIAL INFORMATION**

In the event the information is not provided it will be assumed that no financial need exists. (To be completed by parents, spouse or self).

Gross Total Family Annual income (as reported to IRS on your latest tax return):

\_\_\_\_\_ Less than \$5,000      \_\_\_\_\_ \$10,000-\$20,000      \_\_\_\_\_ \$30,000-\$50,000  
 \_\_\_\_\_ \$5,000-\$10,000      \_\_\_\_\_ \$20,000-\$30,000      \_\_\_\_\_ More than \$50,000

If Separated or Divorced: Child Support \_\_\_\_\_ Alimony \_\_\_\_\_

Number of other children who will be in college during the next 4 years, where they will be enrolled, and annual amount to be contributed by the family toward their education.

Any unusual demands which will be made upon the family's financial resources during the next year.

**How the Hospital or College year will be financed**

Personal Savings Available	\$ _____	Help from Family, Relatives or Friends	\$ _____
Other Scholarships	\$ _____	Work	\$ _____
Other Financial Aid	\$ _____	IL State Scholarship/Grant	\$ _____

Please staple an **OFFICIAL** copy of your most recent transcripts (college, high school, GED, etc.). 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: \_\_\_\_\_