



FINANCIAL ASSISTANCE INFORMATION HEARTLAND COMMUNITY COLLEGE SUMMER 2020 YOUTH PROGRAMS

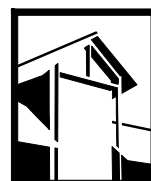
Financial Assistance for summer youth classes is awarded on a first-come, first-served basis, and is subject to availability of funds and verification of financial need. Please call Continuing Education for more information: (309) 268-8160.

Each award will be equal to 50%, up to \$80 maximum, of the cost of the course. Each student may receive financial assistance for **one** course. For families/households with multiple children enrolling in a summer youth course, the total scholarship award amount will not exceed \$200 per family/household.

Applicants must meet the following criteria to receive financial assistance:

- 1. Meet the grade requirement of the class.** In fall 2020, students must be entering the grade level listed for each course.
- 2. Complete the registration process for the desired course.** Register by phone at (309) 268-8160. Please note, enrollment of your child(ren) is **NOT** finalized until your portion of the payment is received.
- 3. Complete the Financial Assistance Application.**
- 4. Furnish one of the following:**
 - a copy or photo of the student's current free/reduced lunch program confirmation
 - verification of participation in some state/federal financial assistance program, such as WIC, Medicaid, etc.
 - proof of unemployment for parent
 - or a letter from the child's school regarding confirmation of need-based tuition assistance
- 5. Return completed application and financial need documentation to:**
continuing.education@heartland.edu

Participants will be contacted when financial assistance approval is completed. Payment of the balance of the course fee will be required at that time.





**FINANCIAL ASSISTANCE APPLICATION
HEARTLAND COMMUNITY COLLEGE
SUMMER YOUTH PROGRAM**

Child's Name: _____

Last 4 Digits of Social Security #: _____ Birth Date: _____

Mailing Address: _____

City, State, ZIP: _____

Home Phone: _____

Mother's Name: _____

Work/Daytime Phone: _____

Father's Name: _____

Work/Daytime Phone: _____

If Applicable, Legal Guardian: _____

Work/Daytime Phone: _____

Child's School: _____

Grade Entering for 2020-2021 School Year: _____

Name and Course Number of the class your child would like to attend:

***Please send this form and verification of financial need (copy or photo) to:
continuing.education@heartland.edu***