



FINANCIAL ASSISTANCE INFORMATION HEARTLAND COMMUNITY COLLEGE SUMMER 2018 YOUTH ENRICHMENT PROGRAM

Financial Assistance for Summer YEP 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 75% of the cost of the course. Each student may receive financial assistance for **one** course. For families/households with multiple children, the total scholarship award amount will not exceed \$400 per family/household.

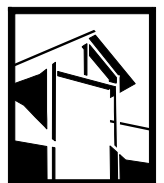
Applicants must meet the following criteria to receive financial assistance:

- 1. Meet the grade requirement of the class.** In fall 2018, 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 below.**
- 4. Furnish one of the following:**
 - a copy of the student's current free/reduced lunch program confirmation,
 - a letter from the child's school regarding confirmation of need-based tuition assistance, or
 - verification of participation in some state/federal financial assistance program, such as WIC, Medicaid, etc.
- 5. Return completed application and financial need documentation to:**
Continuing Education, Heartland Community College
1500 W. Raab Rd., Normal, IL 61761.

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

Continuing Education would like to thank the following organizations for their generous donations to the Summer Youth Enrichment Program Financial Assistance Fund:

Heartland Community College Foundation
Heartland Chapter of the American Association for Women in Community Colleges
Heartland's Community Education Department



HEARTLAND
COMMUNITY COLLEGE



**FINANCIAL ASSISTANCE APPLICATION
HEARTLAND COMMUNITY COLLEGE
SUMMER YOUTH ENRICHMENT 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 2018-2019 School Year: _____

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

Please attach verification of financial need and return to:

**Continuing Education
Heartland Community College
1500 W. Raab Rd.
Normal, IL 61761**