



## FINANCIAL ASSISTANCE INFORMATION HEARTLAND COMMUNITY COLLEGE SUMMER 2017 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.

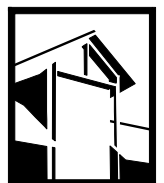
Applicants must meet the following criteria to receive financial assistance:

- 1. Meet the grade requirement of the class.** In fall 2017, 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 2017-2018 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**