Harold Washington College - Science Scholarship

The fund is designed to provide financial assistance to a deserving student who is enrolled in and demonstrates a commitment to healthcare or childcare related programs. The successful candidate will receive funds to cover tuition and books for two (2) consecutive semesters. Students who will be transferring to a senior institution are also encouraged to apply.

**Amount:** Tuition and books for two (2) consecutive semester

**Eligibility Criteria:**
- Minimum 2.5 GPA and in good standing in the selected program
- Must be enrolled in a minimum of 12 credit hours
- Pursuing an associate degree or certificate in a healthcare of childcare related field
- Scholarship can only be used for tuition and books is non-refundable
- Resident of the City of Chicago and eligible for in-district tuition rates

**Deadline:** Tuesday, September 1, 2015

**To submit application:**
Email to: scholarships@ccc.edu
Subject: HWC Science Scholarship
Biographical Information

Name: _______________________________________________ CCC Student ID: __________________________

Address: __________________________________________ City: ___________ State: _______ ZIP: ____________

E-mail CCC: _______________________________ Other Email _______________________________

Cell Phone: _________________________ Home Phone: ____________________________

Date of Birth: ____/_____/______ Gender: □ Female □ Male

Enrollment Status – Attach your CCC unofficial transcript and education plan to this application.

I am currently enrolled/will enroll at CCC Campus: ___________________________________________

Credit Hours Needed for Graduation: ________ CCC GPA: __________ Credit Hours Completed at CCC: __________

Certification:
I have reviewed the above student’s informal transcript and education plan with the student and certify that by enrolling in and completing ____ credit hours during the ________ Semester (Year-Fall/Spring/Summer). I also certify that this student is currently in good standing.

__________________________  _________________________________ __________________
College Advisor’s Signature   Print Name     Date

Financial Aid Review & Certification – Attach a completed Financial and Household Certification Form

Certification:
I have reviewed the financial aid status of the above listed student. I certify that they have exhausted all financial aid and scholarship opportunities available to them and that they lack the financial resources required to complete a semester at Harold Washington College.

_________________________  _________________________________ __________________
Signature     Print Name     Date

Applicant Certification: I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. I understand that if any information provided on this application is found to be inaccurate, my scholarship may be revoked. I understand that scholarship awards are based on the availability of funds.

Signature of applicant: ______________________________________________ Date: _____________

President’s Decision

☐ Approved: After careful review of this request for a scholarship including both academic (informal transcript and education plan) and financial aid information, I have determined that the above student will be awarded a non-refundable, non-renewable scholarship to cover the tuition and fees of ________ credit hours during the ________ Semester (Year-Fall/Spring/Summer).

☐ Denied: This request for a scholarship has been denied.

_________________________  _________________________________ __________________
President/Designee Signature   Print Name     Date