



## FINANCIAL ASSISTANCE FOR HEARTLAND COMMUNITY COLLEGE CONTINUING EDUCATION YOUTH PROGRAMS

Financial Assistance for 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 70%, up to \$100 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 youth courses, 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.** Students must either be in the grade level listed or for summer courses, 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](mailto: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.**



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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 Level: \_\_\_\_\_

(For Summer courses, please indicate the grade level your child will be entering in the Fall)

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](mailto:continuing.education@heartland.edu)***