Date_____

Prior Learning Tuition Assistance Application

First Name_____ Last Name_____

Date of Birth _____ Student ID #_____

Phone _____Email_____

Home Address_____

City_____ State_____ Zip_____

Please answer the following questions

What semester will you be taking this class? (Mark one)

- Fall
- Spring
- Summer

What skills, licensure, or certification are you looking to get prior learning credit for?

_____

Financial Information

Are you currently employed? (Circle one) **Yes** **No**

Present Employer _____

Job Title_____ Hours worked per week_____

Wage _____

Have you filled out a FAFSA? (Circle one) **Yes** **No**

If you answered '**No**' to the above please provide any additional financial documentation (Two pay stubs, proof of receiving any government financial assistance, copy of taxes, etc.)

Please initial below confirming you understand the statement

____ I confirm that the information provided and accompanying documents are accurate

____ I allow my award information to be shared with Continuing Education and Records

____ I understand that not every student who applies will be awarded

Student Signature _____

Reach out to 309-268-8023 or scholarships@heartland.edu with any questions