STUD	ENT	INFORMATION
Name	:	ID/SSN:
Address	:	
City	:	Zip: Phone:
E-Mail	:	
<ul><li>(Ata</li><li>School</li><li>You</li><li>lunc</li><li>If you</li><li>per</li><li>School</li></ul>	chison, olarship must h ches. All ou qua semes	be attending a partner high school in one of HCC's service area counties or schools Brown, Jackson, Jefferson, Marshall, Nemaha, Pottawatomi, Shawnee, Wabaunsee). In funding is subject to availability. Doniphan County students do not qualify. In ave the signature of a high school official verifying you are eligible for free or reduced a linformation regarding reduced lunch status will be kept confidential. In alify for free or reduced lunches, you may receive a scholarship of up to \$250 ster.  The same only applicable for the semester applied. Students must reapply each semester a scholarship.
		lline: Application must be submitted to the HCC Early College office no later than Septembe ted application to 606 W. Main, Highland, KS 66035 or email <a href="mailto:earlycollege@highlandcc.edu">earlycollege@highlandcc.edu</a> .
tudent Sign	l g	give permission to school officials to release any of my personal information that is relevant to award this scholarship.  Date
arent Signa	iture .	Date
		Official to Complete
l authorize	that th	e above student is eligible for free or reduced lunches.
		cial Date
Official Na High School		Official Title

For more information please contact Sara M. Smith, Assistant Dean of Instruction, <a href="mailto:earlycollege@highlandcc.edu">earlycollege@highlandcc.edu</a> | (785) 442-6027.