

HIGHLAND COMMUNITY COLLEGE FOUNDATION

KABLE NEWS DIANE ARMBRUSTER MEMORIAL SCHOLARSHIP

2008-2009

APPLICATION

This scholarship consists of a \$300 cash award for a student's academic year at Highland Community College. (Winner must enter Highland as a full-time student for the fall semester.)

Applications for this scholarship will be accepted from Ogle County high school seniors or entering freshmen who will be attending Highland next fall.

Priorities for selection:

- A. Pursuing a degree in Business, Computer Science, or Graphic Arts
- B. Without regard to student's financial situation
- C. Child of Kable News employee or relation

**FILING DEADLINE: APRIL 1st**

**SECONDARY DEADLINE: JUNE 1st**

*Please print or type clearly. Use extra paper if necessary.*

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town/State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Your High School: \_\_\_\_\_ Rank in Class: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Received GED: \_\_\_\_\_

High School Grade Point Average (GPA): \_\_\_\_\_

College Grade Point Average (if applicable): \_\_\_\_\_

ACT scores: English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Sci.  
Res. \_\_\_\_\_ Composite \_\_\_\_\_  
(Standard Scores)

Employer \_\_\_\_\_

Your Major Interest \_\_\_\_\_

Name of Father/Mother/Guardian  
or Spouse employed by Kable \_\_\_\_\_

-over-

Kable division at which that person works

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College or University Where You Plan to Transfer \_\_\_\_\_

Have You Applied for Admission to Highland? \_\_\_\_yes \_\_\_\_no

Please list the extracurricular and community activities in which you have been involved in: i.e., sports, newspaper, science, math club, computer science, etc.:

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Please list any awards or recognition you have received.

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In a brief paragraph, write about your educational and vocational goals.

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Please staple an **UNOFFICIAL** copy of your most recent transcripts (college, high school, GED, etc.) and a copy of your ACT scores (if applicable) to your application. Unofficial copies of Highland transcripts **MUST** be obtained/requested from the Admissions and Records Office; transcripts printed from ROAR will **NOT** be accepted.

I authorize Highland Community College to release my financial information and other academic records to the HCCF Scholarship review committee for purposes that may be used to determine eligibility for all scholarships.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed application to: **HIGHLAND COMMUNITY COLLEGE FOUNDATION**  
2998 W. PEARL CITY ROAD  
FREEPORT, IL 61032  
815.599.3413