



2019-2020 Financial Aid Request for Ineligible Classes

Return this form to:
Mail: HCC Financial Aid
606 West Main
Highland KS, 66035
Email: financialaid@highlandcc.edu
Fax: 785-442-6106

Student Information

_____	_____	_____	_____
Last Name	First Name	MI	Student ID
____/____/____	(____)____-____	_____	_____
Date of Birth	Telephone Number	E-Mail Address	

Class for which you are requesting aid: _____

Please check and complete one of the following statements:

___ My intent at HCC is to earn an Associate in Arts degree in the following major:

___ My intent at HCC is to earn an Applied Science degree in the following major:

___ My intent at HCC is to earn a degree in the following program:

___ My intent at HCC is to transfer to another college or university and earn a degree in the following major: _____

(Please attach information for the program of study you are entering.)

___ My intent at HCC is not to earn a degree or complete a program.

Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail or both.

Signature _____ Date _____

Semester/Year Attending HCC _____