



**Return this form to:**  
**Mail:** HCC Financial Aid  
 606 West Main  
 Highland KS, 66035  
**Email:** [financialaid@highlandcc.edu](mailto:financialaid@highlandcc.edu)  
**Fax:** 785-442-6106  
**Phone:** 785-442-6000 ext. 2002

## 2024-2025 Financial Aid Request for Ineligible Classes

### 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 or certificate 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.

Semester/Year Attending HCC \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature must be handwritten; digital signatures not accepted.

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