



Promise Scholarship Program Application

**This application must be received by your high school
or Felicia Walter on or before December 15, 2021**

If you need assistance in completing the application, please email felicia.walter@d214.org

Students must complete a Free Application for Federal Student Aid ("FAFSA") at time of entry to Harper College ("Harper") and prior to beginning subsequent fall semesters at Harper. Please note that the student must have a Social Security number in order to file a FAFSA. (Parents are not required to have Social Security numbers in order for their students to complete the FAFSA.)

Students without Social Security numbers are encouraged to participate in the Promise Scholarship Program (the "Program") during high school and then to pursue other scholarship opportunities at Harper if they do not have social security numbers at time of entry to the College.

STUDENT INFORMATION (please print in ink)

Full Student Name (First, Middle, Last): _____

Date of Birth: _____

Mailing Address: _____

Home Phone: _____

Parent/Legal Guardian Work Phone: _____

Parent/Legal Guardian Cell Phone: _____

Student Cell Phone: _____

Parent/Legal Guardian E-mail Address: _____

Student E-mail Address: _____

Expected H.S. Graduation Year: _____

STUDENT AND PARENT/LEGAL GUARDIAN SIGNATURES

For Students Under 18 Years of Age:

Student: I have read and understand the requirements of the Program as summarized on Page 1 of this Application and detailed on the Harper website at www.harpercollege.edu/promise. I am willing to comply with the Program requirements and understand that if I do not fulfill them, I will be disqualified from the Program. I also understand that my School District, with my parent/guardian's consent, will release my name, contact information, demographic information, and Program eligibility information (including, without limitation, GPA, attendance, and testing information) to Harper for the purpose of tracking my progress as a participant in the Program. I agree to reaffirm my commitment to participate in the Program and comply with its requirements, at the beginning of each year that I continue to participate in the Program.

Student Signature: _____

Date: _____

Parent(s)/Legal Guardian(s) complete next page.

I/we also authorize the School District to release my/our student's name, contact information, demographic information, and student record information related to Program eligibility and participation (including, without limitation, GPA, attendance, and testing information) to Harper for the purpose of tracking my child's progress in the Program. I/we authorize the School District's release of said information to Harper for each year that my child continues to participate in the Program and understand that I/we have the right to revoke this authorization in writing.

Parent/Legal Guardian Signature: _____/_____ Date: _____
 Print Name Signature

The information provided by you will be kept confidential and will only be used for the purposes of the Promise Program.

Confirmation of your enrollment will be sent in January/February of your second semester of freshman year.