

## Promise Scholarship Program Application

**This application must be received by your high school  
on or before December 15, 2016.**  
**If you need assistance completing the application, please  
call: Erin Bailey  
847-718-7658**

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](http://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.**

**Parent(s)/Legal Guardian(s):** I/We 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](http://www.harpercollege.edu/promise). I/We understand that my/our student must comply with the Program requirements and understand that if he or she does not fulfill them, he or she will be disqualified from the Program. I/We authorize my/our student to reaffirm his or her commitment to participate in the Program and comply with its requirements at the beginning of each year that my/our student continues to participate in the Program.

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/our student's progress in the Program. I/We authorize the School District's release of said information to Harper for each year that my/our student 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

Parent/Legal Guardian Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature

**Falsified information will result in the student's disqualification from the program.**

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