# College of DuPage

## 2023 – 2024 Jump Start HSE/ELA Scholarship Application

### Section I: Personal Information

Name: _____ Colleague ID#: _____

Address: _____

City: _____ State: ____ Zip: _____ preferred email: _____

Contact Telephone Number:_____

Are you a legal resident of District 502? ❑Yes ❑No          Term: _____
❑ I have recently completed College of DuPage HSE prep class(es).
     Instructor _____ Class _____ Term _____
❑ I received my GED® or HiSet credential on
       **-OR-**
❑ I have successfully met the program exit criteria on the state mandated assessment (CASAS)
     Instructor _____ Class _____ Term _____ CASAS Score _____

❑ College Major or course of Study  _____

### Section II: Eligibility

Eligibility requirements are as follows:
- Resident of District 502
- Successfully completed HSE prep course(s) at COD
- Received a HSE credential within three months after completing prep courses
- Received HSE credential during the last 12 months (please attach a copy of HSE credential)
      OR
- Completed an ELA class at College of DuPage during the last 12 months and met the program exit criteria on the state mandated assessment (CASAS).

Your initials indicate that you believe you meet all of the eligibility criteria for this scholarship.     Initials: _____

### Section III: Certification

I certify that this is my permanent, legal address and that all other information is true and correct to the best of my knowledge. I authorize College of DuPage to release my grades, transcripts and information contained in this application to the sponsoring Scholarship Committee, sponsoring donor or to authorized College officials and will allow the use of my photo and/or information for publicity purposes. I understand that this is a non-renewable scholarship to be used for tuition for credit courses, fees, textbooks or educational supplies.

_____          _____
                 Signature                                                          Date

**Please return this application along with all required information to:**

College of DuPage ▪ Adult Education and ELA Office ▪ SRC 1110 ▪425 Fawell Blvd., Glen Ellyn, IL 60137

Attention: Christine Kelly or Ellen Schumacher, Student Success Coaches

*Incomplete applications will not be considered.*

Completed Application _____
Registered for Class(es) _____
Date Submitted _____
Approved_____
CH ____ FA_____