

**West Hills Community College
HSE Scholarship Program
(Only WHCCD HSE Students are eligible)
Application Form (Please Print)**

Last Name: _____ Middle Initial: ____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

Currently Enrolled in HSE Prep at: WHCL WHCC

Semester: Fall Spring Summer Year: _____ Student ID#: _____

Are you sponsored by an agency in the HSE Prep program? Yes No

If yes, which agency? _____

Number of years of high school previously completed? _____

Why do you want to complete your HSE? (Attach additional page should you need more space)

Please attach two (2) letters of recommendation from individuals that understand your need and can recommend that you deserve this award.

Applicant's Signature

Date of Application

HSE Instructor Signature & Date _____

(Internal Use Only – Award amount \$ _____)

WHC President's Signature

Approval Date
