

**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

\_\_\_\_\_

\_\_\_\_\_