



2024-2025 ECC Waiver Activation and Private Scholarship Form

***Please provide us with your current information. Check off which section applies to you and complete the corresponding information for that section, then sign and date at the bottom:**

Name: _____ ECC ID or SS#: _____
Address: _____ City _____ State _____ Zip Code _____
Phone #: _____ Email: _____

ESL Waiver: This in-district tuition waiver for up to three credit hours is good for up to one year from the date of successful completion of the College Transitions for ESL Learners course of the ESL program (ESL 019, ABE 035, or ASE 036) or the intensive English program at ECC. **This waiver is for tuition only, and is valid for one year from the time the ESL program is completed. Students may receive this waiver only once. Students completing the College Transitions for ESL course more than once will not be eligible for additional ESL waivers.**

HSE Waiver: This in-district tuition waiver of up to three credit hours is valid for one year from the issue date of the Illinois High School Equivalency transcript. Student must live in-district, successfully complete a High School Equivalency Preparation (HSE) Class at ECC and pass one of the following approved exams: GED or HiSET (**must provide a copy of your Illinois High School Equivalency transcript**). **This waiver is for tuition only and is valid for one year from the time the GED is passed.**

When did you pass the GED Examination? (Date) _____

Honors Course Tuition Waiver: You must have completed an Honors course with a grade of “B” or better and have at least a cumulative 3.25 GPA. This award is for an in-district tuition waiver for the number of hours of the completed Honors course. The Honors award can be used up to a total of 15 credit hours, and is valid for one year from the time the Honors course is completed. **This waiver is for tuition only.**

Honors Course: _____ Term completed: _____ Grade: _____
Honors Course: _____ Term completed: _____ Grade: _____

I would like _____ credit hours applied to the _____ term/year for the following Honors Courses:
Honors Course: _____ Honors Course: _____

Private Scholarship (please indicate name) _____
Donor: _____ Scholarship Amount: \$ _____

Donor contact information: _____

Is this a one-time scholarship? YES NO

Enrollment Status: Full-time (12+ credit hours) Part-time (1 – 11 credit hours)

I wish to have funds applied to the following semester(s): Summer 2024 Fall 2024 Spring 2025

Disclaimer

This form must be completed and submitted to the Financial Aid & Scholarships office on or before May 16, 2025.

Signature: _____ Date: _____ rev 4/24

FOR OFFICE USE ONLY:

Amount: _____ Term: _____ Credits enrolled _____ GPA: _____ Date applied: _____ Staff: _____ AWD Code: _____