

EARLY HIGH SCHOOL GRADUATION FORM

Questions about how to complete this form?
 Call 217-786-2237 or 800-727-4161.
 Text 217-920-1096.
www.llcc.edu/financial-aid

Return completed form to:
 LLCC Financial Aid
 5250 Shepherd Road
 Springfield, IL 62794-9256
financial.aid@llcc.edu
Electronic forms only accepted from LLCC email addresses.
 217-786-2229 fax

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
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Before High School Graduation

If your high school official can only fill out the Before High School Graduation section, you must have the official fill out the After High School Graduation section after you have graduated. Students cannot be awarded financial aid until a high school official fills out the After High School Graduation section and all other documents requested by the financial aid office have been received.

STUDENT NAME	DATE STUDENT WILL BE GRADUATING
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NAME OF HIGH SCHOOL STUDENT WILL BE GRADUATING FROM

HIGH SCHOOL OFFICIAL'S SIGNATURE	DATE
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HIGH SCHOOL OFFICIAL'S NAME (PRINTED)	HIGH SCHOOL OFFICIAL'S TITLE
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Official High School Seal

After High School Graduation

STUDENT NAME	HAS MET GRADUATION REQUIREMENTS AS OF THIS DATE
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NAME OF HIGH SCHOOL STUDENT GRADUATED FROM

HIGH SCHOOL OFFICIAL'S SIGNATURE	DATE
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HIGH SCHOOL OFFICIAL'S NAME (PRINTED)	HIGH SCHOOL OFFICIAL'S TITLE
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Official High School Seal