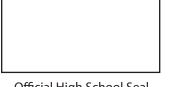
Lincoln Land Community College EARLY HIGH SCHOOL GRADUATION FORM	Questions about how to complete this form? Call 217-786-2237 or 800-727-4161. Text 217-786-2237. www.llcc.edu/financial-aid	Return completed form to: LLCC Financial Aid 5250 Shepherd Road Springfield, IL 62794-9256 financial.aid@llcc.edu Electronic forms only accepted from LLCC email addresses.
Student Information		217-786-2229 fax
STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH

## **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
NAME OF HIGH SCHOOL STUDENT WILL BE GRADUATING FROM	I
	DATE

HIGH SCHOOL OFFICIAL'S SIGNATURE	DATE
HIGH SCHOOL OFFICIAL'S NAME (PRINTED)	HIGH SCHOOL OFFICIAL'S TITLE



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## After High School Graduation

STUDENT NAME	HAS MET GRADUATION REQUIREMENTS AS OF THIS DATE
	·

NAME OF HIGH SCHOOL STUDENT GRADUATED FROM

HIGH SCHOOL OFFICIAL'S SIGNATURE	DATE
HIGH SCHOOL OFFICIAL'S NAME (PRINTED)	HIGH SCHOOL OFFICIAL'S TITLE



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