



Instructor _____
ADULT BASIC EDUCATION DEPARTMENT

Application for GED Testing Fee Scholarship
(Applicant must be currently enrolled in a GHC ABE class)

PART 1: Student to Complete

Scholarship will expire 90 days from approval date.

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number
_____			_____
Mailing Address			GHC ID Number
_____	_____	_____	_____
City	State	Zip	Home Telephone Number

I am participating in one of the following benefit programs:

- | | |
|--|--|
| <input type="checkbox"/> QUEST Card: Food Stamp Debit Card | <input type="checkbox"/> Washington State Medical Coupons |
| <input type="checkbox"/> Basic Health Plan Card such as Community Health Plan | <input type="checkbox"/> Employment Security Benefits Statement |
| <input type="checkbox"/> HUD Housing Award Letter | <input type="checkbox"/> Working Connections Child Care (WCCC) |
| <input type="checkbox"/> WIC Coupon | <input type="checkbox"/> DSHS WorkFirst Individual Responsibility Plan (TANF) |
| <input type="checkbox"/> DSHS General Approval Cash/Food Letter | <input type="checkbox"/> Letter Requesting Waiver (on Letterhead) from a Church, or Faith-Based Community Organization (e.g., Mission, Salvation Army, etc.) |
| <input type="checkbox"/> Social Security Insurance | <input type="checkbox"/> Social Security Disability Income |
| <input type="checkbox"/> Referral from Domestic Violence Shelter | <input type="checkbox"/> Social Security Disability Income |
| <input type="checkbox"/> General Assistance Unemployed | <input type="checkbox"/> Division of Vocational Rehabilitation (DVR) |
| <input type="checkbox"/> Free/Reduced Lunch Approval Notification from School District | |
| <input type="checkbox"/> Statement of Need by Student: _____ | OR |

GED Practice Test Scores (to be completed by instructor or office personnel)

Reading _____	Math _____	Average Score _____
Social Studies _____	Writing _____	Attach Sample Essay
Science _____	Scores Verified by _____	

I certify that the above is a true and complete statement. I understand that:

- * **I must have taken and scored a minimum of 440 on all GED practice tests.**
- * **All 5 tests must have an average score of 480.**
- * **Student must have attended at least 20 hours of class.**
- * **This application for scholarship must be approved by the Dean for Transition Programs prior to beginning the formal GED testing process. By signing this document you are giving permission for your testing results to be released to the Dean for Transition Programs.**
- * **\$50.00 will be awarded for the scholarship, leaving a \$25.00 balance for the student to pay.**

Student Signature _____ **Date** _____

PART 2: Authorized Grays Harbor College Staff to Complete **Exp. Date** _____

Authorized Signature: _____ Date _____

- Test Scholarship **Granted**
- Test Scholarship **Denied** for the following reason: _____