

# TRI-State High School Equivalency Program (HEP)

## Application Form

Fort Scott Community College

2108 S. Horton St.

Fort Scott, KS 66701



This information is strictly for program use and will not be reported to any other agency.

### Personal Information

First Name Middle Name Last Name

Mailing Address City State ZIP

Physical Address - Street City State ZIP

Home Phone Cell Phone Work Phone

Age Date of Birth E-Mail Address Place of Employment

Parent or Guardian's Name (for persons under age 18)

#### Marital Status:

- Single  Married  Divorced  
 Separated  Widowed

#### Gender:

- Male  
 Female

#### Ethnic Origin:

- White/Caucasian  Hispanic/Latino  Native American/Alaskan  Asian  
 Black/African American  More than one race  Hawaiian/Pacific Islander

Emergency Contact Person Relationship

Address - Street City State ZIP

Home Phone Cell Phone Work Phone

### Educational Information

School Last Attended School Address Last Grade Completed

Have you Attended GED Classes before?  Yes  No

Location Date of Attendance

Have you taken the GED Exam before?  Yes  No

Location Date Subjects Passed

Study Language Special Needs

## Interest Questionnaire

Briefly describe your experience with formal education and why you are applying for the High School Equivalency Program. Do not be concerned with your spelling, grammar or punctuation. Please answer the following questions: What has your experience with education been like so far? What were some positive experiences, what were some negative experiences? Why do you want your GED? What have you thought about doing after you have your GED? What is your goal after you obtain your GED?

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## Future Plans

If accepted into the program, what do you wish to do after you receive your GED and complete HEP?

- |   |   |
|---|---|
| <input type="checkbox"/> Employment Opportunities         | <input type="checkbox"/> Military Service or National Guard |
| <input type="checkbox"/> Vocational or Technical Training | <input type="checkbox"/> College or University              |

Please tell us about your long-term career plans:

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Student Work History or Parent/Guardian Work History (Income history for the past two years.)

<b>Dates of Employment</b> Beginning to End	<b>Place of Employment</b> Address: Street, City, State and Phone Number	<b>Crop/Activity</b> Be specific when describing jobs.	<b>Wage Earner</b> Mother, father, legal guardian or self
<b>Example:</b> Month: <u>05</u> Year: <u>2005</u> to Month: <u>08</u> Year: <u>2005</u>	<b>Example:</b> John Miller Dairy 234 Kansas Avenue Marmaton, KS 68945	<b>Example:</b> Milking cows	<b>Example:</b> Myself
Month: _____ Year: _____ to Month: _____ Year: _____			
Month: _____ Year: _____ to Month: _____ Year: _____			
Month: _____ Year: _____ to Month: _____ Year: _____			
Month: _____ Year: _____ to Month: _____ Year: _____			
Month: _____ Year: _____ to Month: _____ Year: _____			

Even though it is not a requirement to submit proof of work history to be considered for Tri-State HEP, if you have such documents, please provide copies with your application.

I certify the information on this application to be true and correct. I understand that this information is being given in connection with the receipt of government funds. Fort Scott Community College Tri-State HEP reserves the right to conduct quality assurance verification of documents used for eligibility at a later date during the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Interview Notes

\_\_\_\_\_  
Application Reviewer

\_\_\_\_\_  
Date

## Permission/Release of Information

I hereby give permission to the State Migrant Education Program (MEP) and/or the National Farmworker Jobs Program (NFJP), (Workforce Investment Act, WIA, Section 167) to send a copy of my eligibility determination form to Tri-State HEP personnel at Fort Scott Community College.

Please initial if you agree to the above statement. Student \_\_\_\_\_ Parent/guardian \_\_\_\_\_

I hereby give permission to any ABE/GED testing center to send copies of my assessment tests, Official Practice Test scores, and GED diploma to Tri-State HEP personnel at Fort Scott Community College.

Please initial if you agree to the above statement. Student \_\_\_\_\_ Parent/guardian \_\_\_\_\_

I hereby give permission for TRI-State HEP to share any pertinent information regarding my involvement with the program to education and/or government agencies.

Please initial if you agree with the above statement. Student \_\_\_\_\_ Parent/guardian \_\_\_\_\_

I hereby give permission to TRI-State HEP to secure emergency, dental, and/or hospital treatment for me should the need arise.

Please initial if you agree to the above statement. Student \_\_\_\_\_ Parent/guardian \_\_\_\_\_

I hereby give consent that my photographs or videos may be used by Tri-State HEP project and its assigns or successors for news articles, audio-visual productions, television, websites, etc. without compensation to me. Furthermore, I consent that such photographs, video negatives, or slides shall be the sole property of Tri-State HEP. Photographs or videos will not be used for commercial purposes.

Please initial if you agree to the above statement. Student \_\_\_\_\_ Parent/guardian \_\_\_\_\_

I voluntarily absolve Fort Scott Community College and all persons that work in said school of whatever responsibility in case of accident, damage, illness and/or whatever other type of hazard that will or may occur in the commission of trip, outing or activity of Fort Scott Community College in which I am a participant.

Please initial if you agree with the above statement. Student \_\_\_\_\_ Parent/guardian \_\_\_\_\_

I, \_\_\_\_\_, certify that I have honestly and truthfully answered all of the questions on this application to the best of my knowledge. I understand that any false information given may lead to the termination of my participation in the program.

\_\_\_\_\_  
Applicant's Signature

**A parent/guardian signature is required for any applicant under 18 years of age.**

I give permission for \_\_\_\_\_ to attend the TRI-State HEP at Fort Scott Community College.

\_\_\_\_\_  
Parent or Legal Guardian's Signature (If applicant is a minor)

\_\_\_\_\_  
Date



Phone: (620) 768-2908 ext. 22  
Toll Free: (888) 372-2437

Tri-State HEP  
Fort Scott Community College  
2108 S. Horton St.  
Fort Scott, KS 66701  
www.tri-statehep.org



email: santosm@fortscott.edu  
Fax: (620) 768-2917

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