

TRI-State High School Equivalency Program (HEP)

Application Form

Fort Scott Community College

2108 S. Horton St.

Fort Scott, KS 66701

www.tri-statehep.org



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)			

Class Location:		
Marital Status:		Gender:
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Male
<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Female
<input type="checkbox"/> Divorced		
Ethnic Origin:		
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native American/Alaskan
<input type="checkbox"/> Black/African American	<input type="checkbox"/> More than one race	<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Asian		

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 High School Equivalency Program (HSE) Classes before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location	Date of Attendance	
Have you taken the HSE Exam before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location	Date	Subjects Passed
Study Language	Special Needs	

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

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

Office Use Only:

- Teacher Recommendation (Based on your observation of the student and scores): circle one

Average Recommendation

Medium Recommendation

High Recommendation

- Teacher Recommendation (Based on your observation of the student): circle one

Few Appointments Kept

Several Appointments Kept

Most Appointments Kept

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/HSE testing center to send copies of my assessment tests, Official Practice Test scores, and HSE 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
Fax: (620) 768-2917

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