



GENERAL EDUCATIONAL DEVELOPMENT/ HIGH SCHOOL EQUIVALENCY PROGRAM

2010-11 School Year

PERSONAL INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Phone:

Cell Phone:

Email Address:

Date of birth:

SS#:

Tribal ID#:

GED/HIGH SCHOOL EQUIVALENCY TEST SITE INFORMATION

Name of School:

School Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Fax:

Program Director:

Date of Completion :

INCENTIVE BONUS

To receive the incentive bonus of \$250.00 which will be mailed directly to you, be sure to submit the following:

1. A completed application
2. Verification of tribal enrollment
3. Verification of program completion
 - a. A copy of your final test scores or
 - b. A copy of your diploma

TYPES OF FEES COVERED

Testing fees will be covered up to a maximum of \$60.00.

1. For pre-payment of testing fees, please have your test site bill our department directly or
2. If you have already paid for the cost of your testing fees and submit verification of payment, you will be reimbursed.

Processing and/or diploma fees may also be covered provided testing fees are less than \$60.00.

TRIBAL ENROLLMENT AUTHORIZATION

I hereby grant the Tribe's Education Department permission to update my personal information with the Enrollment Department and to obtain a copy of my tribal census certificate. Yes No

TRIBAL NEWSLETTER AUTHORIZATION

I hereby grant the Education Department permission to recognize me in the tribal newsletter. Yes No

LINEAL DESCENDANCY (OPTIONAL)

Parents/Guardians:

Grandparents:

Great Grandparents:

SIGNATURE

Signature:

Date: