



**PONCA TRIBE OF NEBRASKA**  
*Department of Education*

**GENERAL EDUCATIONAL DEVELOPMENT/  
HIGH SCHOOL EQUIVALENCY PROGRAM**

<b>PERSONAL INFORMATION</b>			
NAME:			
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP:	
DATE OF BIRTH:	MONTH:	DAY:	YEAR:
SS#:		TRIBAL ID#:	
<b>GED/HIGH SCHOOL EQUIVALENCY TEST SITE</b>			
SCHOOL/OTHER:			
ADDRESS:			
CITY/STATE/ZIP:			
PROGRAM DIRECTOR:			
DATE OF COMPLETION:			
<b>INCENTIVE BONUS</b>			
TO RECEIVE THE INCENTIVE BONUS, BE SURE TO SUBMIT THE FOLLOWING ITEMS:			
1. 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			
UPON RECEIPT OF THE ABOVE ITEMS, \$250.00 WILL BE MAILED DIRECTLY TO YOU.			
<b>TYPES OF FEES COVERED</b>			
TESTING FEES WILL BE COVERED UP TO A MAXIMUM OF \$60.00.			
1. FOR PRE-PAYMENT OF YOUR 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 @ \$5.00 EACH OR \$10.00 FOR BOTH.			
<b>TRIBAL ENROLLMENT VERIFICATION</b>			
I HEREBY GRANT THE EDUCATION DEPARTMENT PERMISSION TO UPDATE MY PERSONAL INFORMATION WITH THE ENROLLMENT DEPARTMENT AND TO OBTAIN A COPY OF MY TRIBAL CENSUS CERTIFICATE. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>NEWSLETTER ARTICLE</b>			
I HEREBY GRANT THE EDUCATION DEPARTMENT PERMISSION TO RECOGNIZE ME IN THE TRIBAL NEWSLETTER. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>LINEAL DESCENDANCY (OPTIONAL)</b>			
PARENTS/GUARDIANS:			
GRANDPARENTS:			
GREAT GRANDPARENTS:			

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_