

TRI-State High School Equivalency Program (HEP)

Application Form

Fort Scott Community College

2108 S. Horton St.

Fort Scott, KS 66701

www.fortscott.edu/hep



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)

Please check this box if interested in online classes pending approval

Class Location:

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 High School Equivalency Program (HSE) Classes before? Yes No

Location Date of Attendance

Have you taken the HSE Exam before? Yes No

Location Date Subjects Passed

Study Language Special Needs

Yearly Financial Information

- 0-10,000
- 10,000-20,000
- 20,000-30,000
- 30,000-40,000
- 40,000-up

Number of people in your household _____

Work Essay

Briefly describe your previous work experience. Please write a description of the agricultural work that you or the employee with qualifying work has performed.

Future Plans

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

- Employment Opportunities
- Vocational or Technical Training
- Military Service or National Guard
- College or University

Please tell us about your long-term career plans:

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



Tri-State HEP

Fort Scott Community College
2108 S. Horton St., Fort Scott, KS 66701
www.fortscott.edu/hep
Phone: (620) 768-7801
Toll Free: (888) 372-2437
Fax: (620) 768-2917



Tri-State High School Equivalency Program is 100% funded by the U.S. Department of Education and the Office of Migrant Education. The 2021-2022 grant award is \$469,619.