



GED SCHOLARSHIP APPLICATION

The Athens-Clarke County Literacy Council funds scholarships to qualified residents of Clarke County in financial need who plan to take the GED exam for the first time. **ACLC will fund up to \$75 of the testing fee to a limited number of qualified applicants.** To be considered, you must complete the following information and have your GED instructor or practice test administrator complete the last section. The instructor/tester will then submit the application. **PLEASE SUBMIT AT LEAST 30 DAYS PRIOR TO YOUR GED TEST DATE.**

Please fill out all areas completely. Print or type only.

APPLICANT INFORMATION

Last name _____ First _____ Middle Initial _____

Date of Birth _____ Last 4 digits of Social Security # _____

Street Address _____ Apt # _____ Phone _____

City _____ State _____ ZIP _____ County of Residence _____

Are you currently employed? YES _____ NO _____ (check one) If "yes," where are you employed?

EDUCATION:

Last school attended: _____ County/State _____

Highest grade completed _____

GED INFORMATION

Have you attended GED prep courses? YES _____ NO _____ (check one)

If "yes," where did you attend? _____ Instructor _____

Did you complete the course? YES _____ NO _____ (If "no," please explain) _____

MONEY MATTERS CERTIFICATION

Have you completed the Money Matters financial course offered by the Athens-Clarke County Library?

YES _____ NO _____

If you answered "yes" to the above question, **please include a copy of your certificate of completion.**

PERSONAL STATEMENT: Briefly state the reason(s) you need financial assistance, why you wish to obtain your GED diploma, and the ways you plan to use this diploma in the future. Use a separate sheet if necessary.

DISCLAIMER AND SIGNATURE: I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in the rejection of my application. Furthermore, I understand that the submission of this application does not guarantee that I will receive scholarship funds to take the GED.

Applicant Signature _____ Date _____

TO BE COMPLETED BY GED INSTRUCTOR/PRACTICE-TEST ADMINISTRATOR:

1. Has this student attended GED classes on a regular basis? YES ____ NO ____
2. Has this student taken and passed the 5 sections of the practice exam? YES ____ NO ____
3. Would you recommend this student as "ready" to take the GED test? YES ____ NO ____ Explain:

4. Would you recommend this student as a good candidate for the GED Scholarship?
YES ____ NO ____ Explain: _____

INSTRUCTOR SIGNATURE _____ DATE: _____

School or Agency: _____

Intended Test Date _____

Address where voucher should be mailed _____

PLEASE SUBMIT APPLICATION TO: Athens-Clarke County Literacy Council, P.O. Box 561, Athens, GA 30603. Allow 30 days for approval.