

GED SCHOLARSHIP APPLICATION—Read Carefully

The Athens-Clarke Literacy Council funds scholarships to qualified residents of Clarke County in financial need for taking the GED Exam for the first time. **ACLCL will fund up to \$128 (\$32 per test) of the testing fee for qualified applicants.** To be considered, you must complete the following information and have your GED Instructor complete the last section. Preferred applicants are those who have taken and scored at least 150 on an official GED Practice Test. **An application fee of \$8.00 (must be either cash or money order made to ACLCL) PER GED SECTION must accompany this application.** The instructor will then submit the application. Satisfactory review of this application will determine the awarding of funds. Once approved, a voucher number will be issued to GED Instructor submitting application. Student then can register on-line or via phone for their GED test. Upon receiving GED Exam Fee voucher, student must take the GED Exam section within 30 days. If test is not taken within 30 days, both \$8.00 application fee and voucher value are forfeited. All funds must be reimbursed to ACLCL within 10 days of the end date of the voucher. Otherwise, candidate will be permanently disqualified from ACLCL scholarships.

PLEASE SUBMIT AT LEAST 10 DAYS PRIOR TO YOUR DESIRED GED TEST DATE.

Please fill out all areas completely and print clearly.

APPLICANT INFORMATION



Last Name: _____ First: _____ M.I. _____

Date of Birth: _____ Phone: _____

Email Address: _____

Street Address _____ Apartment/Unit #: _____

City: _____ State: _____ Zip Code: _____

Are you a resident of Clarke County? YES _____ NO _____ (check one)

Are you a WellCare of Georgia member? YES _____ NO _____ (check one)

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

EDUCATION Last school attended: _____ County/State: _____

Highest grade completed: _____ Year last attended: _____

PERSONAL STATEMENT: On a separate sheet of paper, state the reason(s) you need financial assistance, why you wish to obtain your GED and the ways you plan to use your GED in the future. **This section is critical to our selection process. Please be specific and thorough in your explanation.**

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 on 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. **By signing this application, the student named above agrees to release the results of their GED test to the Athens Clarke Literacy Council.**

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY GED INSTRUCTOR

(NOTE: This section is critical to our selection process. Please be thorough in your explanation. Use a separate sheet of paper if necessary.)

Name of GED Prep Program: _____

Mailing Address: _____

Instructor's Name: _____

Email Address: _____ Phone Number: _____

GED Exam section(s) to be taken with this application: (circle all that apply)

Language Arts Social Studies Science Mathematics

Has this student attended GED classes on a regular basis? YES _____ NO _____ (check one)

Has this student scored a minimum of 160 on an official GED Practice Test in the section(s) applying for?
YES _____ NO _____ (check one)

Would you recommend this student as "ready" to take the GED test/section(s) indicated above?

YES _____ NO _____ (check one) Explain what evidence you see as to their preparedness. _____

Why would you personally recommend this student as a good candidate for the GED Scholarship?

I certify that the above information supplied is correct and accurately represents what I believe to be good reason for this student to receive a GED scholarship from the ACLC.

Instructor's Signature: _____ Date: _____

SUBMIT APPLICATION AND APPLICATION FEE TO:
Athens-Clarke Literacy Council
PO Box 561
Athens, GA 30603

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| Office use: Voucher #: _____ |
| Date sent: _____ |
| Instructions emailed to: _____ |
| Test date scheduled: _____ |
| Score: _____ |