



Date of Application _____

CORRY HIGHER EDUCATION COUNCIL GED PARTIAL ASSISTANCE APPLICATION

****Note: Corry Area School District residents must pay at least \$40 of the \$80 cost. Residents of the Union City Area School District must pay at least \$75 of the \$125 cost. There is no financial aid available for residents outside the Corry and Union City school districts.***

Please print neatly.

1. Name: _____

2. Address: _____

City/State/Zip Code _____

3. Telephone (include area code) _____

4. Corry Area School District residents: Amount of the \$80 test cost you can pay (must pay at least \$40) _____.

Union City Area School District residents: Amount of the \$125 test cost you can pay (must pay at least \$75) _____.

The following information will be reviewed and retained in the most confidential manner. It is required only as a means of determining your need. Please note that assistance will be provided only once per applicant for the GED test. Thank you.

5. Are you employed? Yes or No _____

If yes, please list employer(s) _____

6. Please state your total household income per month. _____

7. If you are not employed, when and where were you last employed? _____

OVER

8. What is your source of income if not employed? _____
9. Number of people living in your household. _____
10. Number of dependents (children under age 18 for whom you are financially responsible.) _____
11. Please give a brief statement explaining why you need financial aid. Include specific circumstances such as personal, medical, and/or financial obligations.

- ◆ All the information on this application is true and complete, to the best of my knowledge.
- ◆ If any changes occur, I will notify the Corry Higher Education Council.
- ◆ I agree, if asked, to have proof of the information on this form.
- ◆ If I do not take the GED test, I will notify the Corry Higher Education Council office as soon as possible.

Student's signature

Date

To be completed by the Corry Higher Education Council:

_____ Approved

_____ Not approved

_____ Date

_____ Reason _____

_____ Amount
