



Instructions for HEP Admission Consideration

1. **Complete an Application for Admission** (see attached)
2. **Write an autobiography** (1 page minimum)
Include:
 - Your family background;
 - Type of farm work you and/or your parents performed;
 - Why you want to be a HEP student;
 - Goals you want to achieve after you receive your GED, include your interests & career expectations;
 - Any other information about yourself or your family that you believe is important for the admissions committee to know.
3. **Provide ONE form of documentation** of your or your family's migrant or seasonal farm worker status.
 - Check stubs that prove you or your parent/guardian have spent a minimum of 75 days during the past 24 months as a migrant or seasonal farm worker. (Include any work directly related to the production of crops, dairy products, poultry, fish, plants, livestock, cultivation/harvesting of trees.)
 - COE: Certificate of Eligibility (migrant status in high school)
 - WIA 167 Program (JTPA 402)
 - Employment Verification Form
4. **Education Status**
 - Lack a high school diploma or its equivalent
 - Not currently enrolled in school
 - Provide, if available, transcripts or records from the last school you attended
5. **Schedule an eligibility testing session** with HEP staff as soon as the required work documentation has been submitted.

Students must be at least 16 years of age. Upon notification of acceptance into the program, students 16 years of age and under 19 years **must submit a waiver** from the last school district attended or from the local high school.

Please contact us if you have a situation that might interfere with your successful completion of this program. We will work with you and/or any counselor, doctor, etc. to help you achieve your academic goals. Accommodations are available for students with documented disabilities.

If you have any questions, please call Columbia Basin College HEP Program: 509-547-0511, ext. 2775.



APPLICATION FOR ADMISSION

High School Equivalency Program



Please print legibly using black or blue ink only.

Adult Minor

Date: / /

PERSONAL INFORMATION

Name: _____ Gender: Male Female

Last
First
Middle
Nickname

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ Age: ____ Place of Birth: _____

Mailing Address: _____

Street or Box No.
City
State
Zip

Home Address: _____
(If different from Mailing) Street or Box No. City State Zip

Home Phone: _____ Emergency contact #: _____ Relative Friend

Marital Status: Single Married Divorced Other _____

Classification: Migrant Farm Worker Seasonal Farm Worker

Ethnicity: Hispanic Caucasian African-American Other _____

Residency Status: U.S. Citizen Legal Resident Other _____

EDUCATION

Last School Attended: _____ Last Grade Completed (1-12): _____

School District: _____ Date of Withdrawal: _____

Have you previously taken GED classes or instruction? Yes No If yes, where? _____

Have you previously attended another HEP? Yes No If yes, where? _____

Complete this section if you have previously taken an official GED exam.

What type of instruction did you receive prior to taking your GED?

None Classes Tutoring Computer-Assisted Instruction Self-Study

At which testing center did you take your GED exam(s)? _____

Exam	Score	Date	Exam	Score	Date
<input type="checkbox"/> Writing	_____	____/____/____	<input type="checkbox"/> Literature	_____	____/____/____
<input type="checkbox"/> Social Studies	_____	____/____/____	<input type="checkbox"/> Mathematics	_____	____/____/____
<input type="checkbox"/> Science	_____	____/____/____			

QUESTIONNAIRE

What do you wish to do after you receive your G.E.D.? (Please check all that apply.)

- Job/Employment Military Services-Army, Navy, Air Force, Marines, Coast Guard
- Training-Vocational or Technical Program--Less than two years (License or Certification)
- College or University--Two or more years of study (Degree)

After receiving your GED, what kind of job would you like to acquire? (Indicate job or related field.)

How did you find out about HEP? (Please check only one.)

- School Migrant Education Program: _____ Family Member/Friend/Acquaintance _____
 News Media - Newspaper - Radio Flyer/Brochure/Information Sheet DSHS
 Opportunity Industrialization Center (OIC) Informational Fair Other: _____

What was your reason for leaving school? (Please check all that apply.)

- Work/Migrating Pregnant Married
 Grades School Credits Age
 Attendance Family Concerns School Problems
 Personal Problems Other: _____

PERMISSION TO SHARE INFORMATION

I hereby give permission for the High School Equivalency Program (HEP) to share/use any pertinent information regarding my involvement with the program to individuals, government agencies, and/or other entities involved with my participation at HEP (i.e., GED testing center, food stamps office, unemployment agency, etc.).

Please initial here if you agree to the above statement → Student: _____ Parent/Guardian: _____

PARENTAL PERMISSION (For dependents of migrant/seasonal farm workers)

<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Name	Day time Phone	Night time Phone
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I, the undersigned, certify that I have spent, or have a child who has spent a minimum of 75 days during the past 24 months as a migrant or seasonal farm worker.

I also certify that my child has permission to participate with the High School Equivalency Program (HEP) at Columbia Basin College. I further certify that all information provided within and regarding this application is correct to the best of my knowledge and understand that any incorrect information is just cause for immediate dismissal of my child from the program.

_____/_____/_____
Parent/Guardian Signature Date

STATEMENT OF ACCURACY

I, the undersigned, certify that I have spent or have a parent who has spent a minimum of 75 days during the past 24 months as a migrant or seasonal farm worker.

I also certify that all information provided within and regarding this application is correct to the best of my knowledge and understand that any incorrect information is just cause for immediate dismissal from the program.

_____/_____/_____
Applicant Signature Date

OFFICE USE ONLY	Applicant Qualification Verification Checklist
	General: <input type="checkbox"/> MSFW Status <input type="checkbox"/> Employment Verification Form <input type="checkbox"/> Paycheck Stubs
	Minor: <input type="checkbox"/> GED Waiver Form <input type="checkbox"/> Parental Permission or Marriage Certificate
	Entrance Exam: <input type="checkbox"/> TABE scores <input type="checkbox"/> Previous GED Scores
	This application is hereby verified as meeting eligibility requirements for the High School Equivalency Program at Columbia Basin College per the HEP eligibility committee.
	_____/_____/_____ Director Signature Date