Montgomery County Literacy Network 920 Lenmar Drive Blue Bell, PA 19422

Application for Financial Assistance for Adult Education Students

(To the extent possible, MCLN will keep the information on this form confidential.)

| Date of Application: | | | | |
|----------------------|--|-----------------|------|---|
| <u>Gen</u> | eral Information | | | |
| Stud | ent's name: | _ | | |
| Stree | et Address | Apt.#: | _ | |
| City: | | State: | Zip: | |
| Phor | ne number: e-mail | address: | | |
| Are | you 18 years of age or older? | _ | | |
| Plea | se tell why you are requesting assistance: | | | |
| | | | | _ |
| Lite • | racy Agency Name of your Literacy Agency: Address of your Literacy Agency: Contact Person at your Literacy Agency: Name: Title: Phone: Email: | | | |
| • | How long have you been attending classes and How many days per week are you in class?_ How many hours per day are you in class?_ | at this agency? | | |
| • | Are you preparing for a GED or HiSET test? | | | |

| <u>rest</u> | / Test Center Information: |
|-------------|--|
| • | Have you ever taken a High School Equivalency test before? |
| | If yes, tell which test and tell the outcomes. |
| | |
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| • | Which single test are you planning to take at this time? |
| • | What is the cost of this test? |
| | |
| • | What is your proposed test date? |
| | |
| • | Where are you planning to take the test? |
| | Name of Test Center: |
| | Name of Test Center: |
| | Address of Test Center: |
| | |
| | Phone number of Test Center: |
| | |

In addition to submitting this application, MCLN requires you to take and submit either a GED "Ready" or a HiSET Official Practice Test result in the subject you're taking at this time.

Please talk to the Contact Person at your Literacy Agency for more information about these tests including costs.

E-Mail all application material to:

Montgomery County Literacy Network
Attention: Financial Assistance Committee
millmanti@verizon.net