



HARTNELL COLLEGE HEP APPLICATION

My goal(s) for the HEP Program:

- GED only GED/College AA Degree GED/Employment
 GED/ESL GED/College Vocational GED/Military

I want to do my work in: English Spanish

SECTION 1:

Name:

Last

First

MI

Address:

Street or PO Box

City

State

Zip

Phone #: () _____ - _____

Alt Phone #: () _____ - _____

Email: _____

Date of Birth: __/__/__

SS#: _____ - _____ - _____

SEX: M F

Ethnic Background: African-American Asian/Pacific Islander Caucasian

Hispanic Native-American Other _____

Name of Parent/Guardian: _____

(If applicant under 18 years of age)

Please provide any other names you have used while attending school:

SECTION 2:

Name of Last School Attended: _____

Address: _____

Street or PO Box

City

State

Zip

Phone #: () _____ - _____

Did you receive a HS Diploma or GED? Yes No

Last Grade Completed: _____ Date of Withdrawal: _____

Reason for leaving school? _____

Have you ever been in a GED program or taken the GED exam? Yes No

If yes, where and when? _____

Did you use a different name for the GED program/exam? Yes No

If yes, which name did you use? _____

Do you require any special accommodations or have any special needs? Yes No

Tell us how you find out about the HEP program?

Family Member

Friend

Advertisement

School

Counselor

Other _____

I certify that the above information is true and correct. I give permission for the release of any and all records, including academic and medical, pertaining to the applicant.

Applicant's Signature

Date

Parent/Guardian Signature

Date

(If applicant is under 18 years of age)