HEP Admission Application

Student Name: _____________________________________________________________

Last Name       First Name       Middle Initial

High school Equivalency Program (HEP) ● University of North Georgia
3820 Mundy Mill Rd ● Oakwood, GA 30566
PH: 678-717-3568 ● FX: 678-717-3999 ● hep@ung.edu

If you need this document in another format, please email Nallely Guerrero at Nallely.guerrero@ung.edu or call 678-717-3586
The University of North Georgia High School Equivalency Program (HEP) is a federally-funded program designed to assist migrant and/or seasonal farmworkers and members of their immediate family to obtain a General Educational Development (GED) diploma that meets the requirements for high school equivalency. Our goal is to provide financial support, academic opportunities, and career exploration to ensure students reach their full potential.

HEP Services:

- Books & Materials
- Classes in English and Spanish
- Flexible Schedule
- Career Guidance
- Weekly Stipends (Based on need)
- Academic skills assessment

Eligibility

Participants must meet the following criteria to be eligible for HEP:

A. The student must have participated, or be eligible to participate, in the Title I, Part C, Migrant Education Program (Elementary and Secondary Education Act of 1965) and produce a Certificate of Eligibility (COE).

B. The student or his/her immediate family member must have spent a minimum of 75 days during the past 24 months as a migrant/seasonal farm worker.
   i. Activities directly related to, but not limited:
      1. The production of crops, dairy products, poultry or livestock;
      2. The cultivation or harvesting of trees; or Fish Farms

C. Student or his/her parent(s) or guardian must have participated or be eligible to participate in the Employment and Training Administration, National Farmworker Jobs Program (NFJP) or other services and activities established under Section 167 of the Workforce Investment Act (WIA).

In addition, the student must

1. Be 16 years old or older
2. Not have a High School Diploma or its equivalent
3. Not currently enrolled in school
4. Demonstrate adequate reading skills in either English or Spanish
5. Demonstrate financial need as well as academic and support services
### Section 1: Personal Information

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Date of Birth (MM/DD/YY): __/_____/______  Age: _______  Gender: □ Male  □ Female

Social Security Number and/or Tax ID: __________ - _______ - _______

Marital Status: □ Single  □ Married  □ Divorced  □ Other: _______________________

Have you or are you a victim of:

□ Domestic Violence  □ Physical Abuse  □ Sexual Abuse  □ Emotional Abuse  □ N/A (Decline)

Are you pregnant? □ Yes  □ No  □ I decline to answer

What is your primary language? □ English  □ Spanish  □ Other: __________________________

Race/Ethnicity:

□ White (Caucasian)  □ Asian/ Pacific Islander  □ Decline
□ Black, African American  □ American Indian/Alaskan Native
□ Hispanic/Latino  □ Other: _______________________

Are you on parole or probation? □ Yes  □ No

If yes, name of Probation Officer: _____________________  Phone: __________________

Select your eligibility Status for HEP:

□ Migrant Education Program (COE)  □ Temporary/Seasonal Worker  □ WIA/NFJP

Do you have a Certificate of Eligibility (COE) or a NFJP?

COE or NFJP #: __________________ If yes, please indicate county and state: __________________
Section 2: Emergency Contact Information

Name: _____________________________ Phone Number: _____________________________

Relation to Applicant: _____________________________

Section 3: Financial

Yearly Income: $__________________ Number of people living in your household: ___________

In the past two years did you, your parents, your spouse or anyone in your household receive benefits from any of the federal benefits programs listed? Mark all that apply.

- [ ] Supplemental Security Income
- [ ] Food Stamps
- [ ] Free or Reduced Price School Lunch
- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] Special Supplemental Nutrition Program for Women, Infant, and Children (WIC)
- [ ] Medicaid/Medicare
- [ ] None of the above
- [ ] Decline

If any of the boxes are marked, please provide the necessary documents to meet the financial need.

Section 4: Education

Last School Attended
City State Country

Last grade complete: ____________ Date of Withdrawal: _____/_____/_____

Have you previously...

- ☐ Take GED classes/instructions?  ☐ Yes ☐ No  If yes, when and where? ________________
- ☐ Taken any official GED exam?  ☐ Yes ☐ No  If yes, when and where? ________________

I prefer to take classes in:  ☐ English ☐ Spanish

GED exam language Preference:  ☐ English ☐ Spanish

Section 5: Support Service

Do you think that you’ll benefit/need any of the following services?

- [ ] Transportation (Gas money)  - [ ] Transportation (Taxi or Bus services)  - [ ] Childcare
The High School Equivalency Program is interested to learn more about our students. Please provide us a little background about yourself, your family, and the type of agriculture work that you, your parents, spouse, or family member have done. What motivates you to receive a high school equivalency? Briefly discuss obstacles you have had to overcome or any information you would like us to know. Please tell us about your long term career plans.

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If additional space is needed, please use the reverse side of this page.
I certify the following (please initial by each):

- ______ I certify that all information provided within and regarding this application is correct to the best of my knowledge.
- ______ I certify that I have a CEO, an NFJP or mine or my family’s primary employment has been migrant or seasonal farm work in the last two years.
- ______ I agree and understand that my application is not considered complete until all required items have been received.
- ______ If I am admitted to UNG-CAMP, I agree to abide by all the rules, policies and regulations of UNG and UNG’s High School Equivalency Program.

Student’s Full Name: __________________________________

Student’s Signature: ____________________________ Date: ______________

If the student is under 18 years of age, a parent’s signature is required

Parent/Legal Guardian’s Full Name: ____________________________

Parent/Legal Guardian’s Signature: ____________________________ Date: ______________

PLEASE GIVE THIS APPLICATION TO HEP RECRUITER, FAX IT, OR MAIL YOUR COMPLETED APPLICATION TO:

UNG HEP Program
University College
University of North Georgia – Gainesville
P.O. Box 1358
Gainesville, GA 30503
Fax # 678-717-3999

For HEP Office Use Only

Date Received: ________________ Date Application Completed: ________________

Eligibility Criteria: □ Migrant (COE) □ Temporary/Seasonal □ WIA(NFJP)
Applicant prefers to take classes taught in: □ English □ Spanish

Received by: ________________________________

Entrance Test Score
R _____ MC _____ AM _____ L _____
Date: ____/____/_____