

**Regional Healthcare Foundation  
APPLICATION FOR GED PROGRAM**

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ S# \_\_\_\_\_  
Last First MI

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ phone \_\_\_\_\_  
Month/Day/Year

e-mail \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any past or present legal charges? \_\_\_\_\_

If so, what are they? \_\_\_\_\_  
 \_\_\_\_\_

EDUCATION:

Last high school attended: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Year dropped out of school: \_\_\_\_\_

Have you studied for the GED previously? \_\_\_\_\_

If so, when and for how long? \_\_\_\_\_

Which GED center did you attend? \_\_\_\_\_

What was the outcome of your work? \_\_\_\_\_

EMPLOYMENT:

Are you presently employed? \_\_\_\_\_ Employer \_\_\_\_\_

Work schedule: Days \_\_\_\_\_ Hours \_\_\_\_\_