



APPLICATION FOR ADULT EDUCATION SCHOLARSHIP

1. Social Security Number _____

2. Current Name

(Last)

(First)

(Middle)

3. Name at the time of testing (if different)

(Last)

(First)

(Middle)

4. Date of Birth _____

5. Home Address

(Street, RFD, or P.O.)

(City)

(State)

(Zip Code)

6. Telephone Number _____

7. Date of testing _____

8. Name of official High School Equivalency Testing Center where test was administered

9. Semester you plan to enroll at MDCC _____
(Semester) (Year)

Signature of Applicant

Date

Signature of HSE Examiner

Signature of Director of Financial Aid

Signature of Vice President of Instruction

Signature of President