

GED Testing Reimbursement Scholarship Application Form

ELIGIBILITY

To be eligible for scholarship you must meet the following requirements:

- Be enrolled in IdahoSTARS Professional Development Systems Registry
- Work in a Idaho child care program designed to care for children while parents work or attend school
- Work in a Idaho child care program with operating hours that extend beyond a preschool only or academic (K-6th grade) school day
- Work with children, staff and parents a minimum of 15 hours a week or 780 hours a year.

GED TESTING COVERED BY SCHOLARSHIP

Any/all of the **5 GED Subject Tests** (Reading, Writing, Mathematics, Science, and Social Studies) offered at an official GED Testing site. Scholarships cover testing fees already paid by the student. Scholarship does not cover enrollment in GED practice tests or tutoring.

REIMBURSEMENT SCHOLARSHIP AWARD PROCESS

Step 1: Pay and complete any/all of the 5 GED Subject Tests (Reading, Writing, Mathematics, Science, and Social Studies) offered at an official GED Testing site.

Step 2: Complete Scholarship Application.

Step 3: Submit application and the following required documents within 30 business days of test completion to the IdahoSTARS Scholarship Office.

- 1) GED Testing Reimbursement Scholarship Application
- 2) Payment receipt from official testing center
- 3) Copy of official testing center transcript

MAIL, FAX, SCAN OR E-MAIL COMPLETED APPLICATION TO

Idaho Association for the Education of Young Children

Attn: IdahoSTARS Project Scholarship Office

4355 W Emerald, Ste 250

Boise, ID 83706

Fax: 208-345-6569

Email: mwaylan@idahoaec.org

PLEASE NOTE: Late fees, travel, lodging, and expenses such as lunch cannot be covered by IdahoSTARS scholarships.

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Name: _____ change of name? Yes No
 (If your name has changed, please print the "Change of Contact Information Form" found on the IdahoSTARS website www.idahostars.org, and submit the form and supporting documents with this application.)

Other names you have used: _____

Home Mailing Address: _____ change of address? Yes No

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____ Home Phone: _____ Work Phone: _____

Number of hours working with children, parents and staff per week: _____

CURRENT EMPLOYER

Name of Facility: _____

Mailing address: _____

Work Phone Number: _____ change of employment? Yes No

(If your place of employment has changed, please print the "Employment Verification Form" found on the IdahoSTARS website www.idahostars.org, and submit the form and supporting documents with this application.)

GED TEST INFORMATION

Test Taken (check all that apply): Reading Writing Mathematics Science Social Studies

Test Score: Reading _____ Writing _____ Mathematics _____ Science _____ Social Studies _____

Name of Testing Center: _____

Testing cost: \$ _____ Was a GED granted?: Yes No

APPLICANT CONSENT

I am requesting financial support for GED testing fees. I certify that the information I have given on this application to be true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

For Scholarship Office Use Only	
NW#:	Budget Left: \$
PDS:	Scholarship Paid: \$
Category:	Provider Paid: \$
Conf. #:	Note:

