

KEENE COMMUNITY EDUCATION

A DIVISION OF KEENE SCHOOL DISTRICT – SAU 29
227 MAPLE AVE., KEENE, NEW HAMPSHIRE 03431
PHONE: (603) 357-0088 FAX: (603) 357-9070

HISET SCHOLARSHIP APPLICATION

Name: _____

Mailing Address: _____

City/Town: _____ Zip Code: _____

Phone: _____

1. Are you 18 years of age or older? _____
2. Are you a resident of New Hampshire? _____
3. Are you receiving FANF (Financial Assistance to Needy Families), Vocational Rehabilitation services, or other financial benefits (such as food, housing, fuel, child care, SSI or other assistance)? _____
If YES, please state agency or agencies providing assistance:

Name of Agency	Type of Service or Assistance

4. Please state why you want or need the HiSET:

5. Are you employed? _____
6. Have you been working with the NH Department of Employment Security? _____

7. It is expected that applicants will pay some portion of the fee.

What is the amount of your scholarship request? \$_____ (part of the \$95 fee)

What amount will you be able to pay? \$_____ (remainder of \$95 fee)

It is necessary you submit copies of utility bills or other substantial bills (such as medical, legal or other bills) OR a letter from an agency that provides services to you and your family. Such bills or letters should provide evidence that your current financial situation makes it difficult for you to afford the \$95 testing fee.

Signature _____ Date _____

This scholarship is available to you because other individuals have contributed to the scholarship fund in order that people who need financial assistance can be given that help. We encourage you, at some point, to also contribute to the scholarship fund so that others may also take advantage of this opportunity. Thank you.

Best wishes for success on the HiSET!

For Office Use Only

Date _____

Amount of Scholarship: \$_____

Approved by _____