



High School Equivalency Program
Eligibility Verification Form

HEP STUDENT INFORMATION Completed by HEP Staff Only

Name:
Student ID or SSN
E-mail:

Grant Year:
Date of Birth:
HSE Completion Date
HSE Certificate Number

Student Contact Info:

Address: City: Zip:
Home Phone: Cell Phone:

Gender: Male Female

Entrance/Official Test Scores/Date:

Reading: Writing: Math:
Science: Social Studies:

Qualified under:

- Migrant/Seasonal Farmworker
o Applicant
o Parents or legal guardian
o Spouse/Partner/Dependent
o Immediate Family Member - Relationship:
Title 1C Migrant Education Program
Workforce Investment Act 167 Program (WIA 167)

Applicant must submit all items before being selected:

Submitted

- 1. HEP Application
2. Proof of Eligibility i.e. Check Stubs, W-2 forms, Certification Form, MEP Certificate of Eligibility, WIA etc.
3. Picture ID
4. Media Release Form/Medical Authorization Form
5. FERPA Release Form
6. Student Orientation Contract/Interview
7. 12 Hours of Classroom HSE Instruction - Date of Completion

Additional comments:

Candidate Approved Completed by HEP Director
Yes No
Signature: Date: