



# MISSISSIPPI VALLEY STATE UNIVERSITY HIGH SCHOOL EQUIVALENCY PROGRAM (HEP)



## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Social Security Number  
Address \_\_\_\_\_  
Street City State Zip  
Gender: ☐ Male ☐ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

## EDUCATION

Last School Attended \_\_\_\_\_ When \_\_\_\_\_  
Highest Grade Completed \_\_\_\_\_  
Give a brief explanation as to why you did not obtain a high school diploma from an accredited school \_\_\_\_\_  
Have you ever taken the GED test before? \_\_\_\_\_ When \_\_\_\_\_  
Have you ever taken the HiSET exam before? \_\_\_\_\_ When \_\_\_\_\_  
Have you ever taken the TASC test before? \_\_\_\_\_ When \_\_\_\_\_

## EMERGENCY CONTACT PERSON

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
What is the above emergency contact person relationship to applicant? \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

## FINANCIAL ASSISTANCE

Within the past 24 months, if you or someone in your home has received or is currently receiving one or more of the following, please indicate so by checking all of the appropriate boxes: ☐ TANF ☐ SNAP ☐ Reduced Lunch ☐ WIC  
☐ Medicare ☐ Medicaid/CHIPS ☐ SSI ☐ Government Assisted Housing ☐ Federal Student Aid  
☐ Other Form of Government Assistance \_\_\_\_\_

## OTHER

After you receive your diploma, which of the following do you plan to pursue? ☐ College ☐ Better Job ☐ Military  
How did you hear about this program? ☐ HEP Staff Member ☐ Friend ☐ Relative ☐ School Recommendation  
☐ Radio/Television/Newspaper ☐ Another HEP Student ☐ Another Program ☐ Other \_\_\_\_\_

## ELIGIBILITY

(THIS SECTION MUST BE COMPLETED BY HEP STAFF MEMBER)

To be eligible for the MVSU HEP project, a participant must:

- ☐ Be at least 16 years old; **and**
- ☐ Not be enrolled in high school; **and**
- ☐ Not have a high school diploma or equivalent; **and**
- ☐ Be an individual who has **or** be the immediate family member of an individual who has:
  - ☐ Engaged in migrant or seasonal farm work for at least 75 days in the last 24 months; **or**
  - ☐ Been eligible to participate in a migrant education program (MEP) within the last 24 months; **or**
  - ☐ Participated in or been eligible to participate in the National Farmworker Jobs Program (NFJP); **and**
- ☐ Have submitted a completed and valid MVSU HEP application; **and**
- ☐ Have a foreign or national government issued photo ID; the ID is required for a participant to be in compliance with the testing policies for the General Educational Development test (GED), the High School Equivalency Test Exam (HiSET), and the Test Assessing Secondary Completion Test (TASC).

### FOR OFFICE USE ONLY

☐ Valid ☐ Invalid

❖ The above applicant qualifies under the following criteria: ☐ Seasonal Farm Work ☐ MEP (COE) ☐ NFJP ❖

☐ **Complete this section only if applicant qualifies under the seasonal farm work criteria.**

❖❖❖❖❖❖ An employer verification form must be submitted. ❖❖❖❖❖❖

Employer verification form has been submitted ☐ Yes ☐ No

Person who actually did the seasonal farm work \_\_\_\_\_ Relationship to the applicant \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street City Stat Zip

What type of work was performed? (Please be specific) \_\_\_\_\_

When was work performed? Started \_\_\_\_\_ Ended \_\_\_\_\_ Was work seasonal ☐ Yes ☐ No  
MM/DD/YYYY MM/DD/YYYY

Name of Employer \_\_\_\_\_ Phone # of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street City Stat Zip

What type of work was performed? (Please be specific) \_\_\_\_\_

When was work performed? Started \_\_\_\_\_ Ended \_\_\_\_\_ Was work seasonal ☐ Yes ☐ No  
MM/DD/YYYY MM/DD/YYYY

Name of Employer \_\_\_\_\_ Phone # of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street City Stat Zip

What type of work was performed? (Please be specific) \_\_\_\_\_

When was work performed? Started \_\_\_\_\_ Ended \_\_\_\_\_ Was work seasonal ☐ Yes ☐ No  
MM/DD/YYYY MM/DD/YYYY

☐ **Complete this section only if applicant qualifies under the MEP criteria.**

(Part C of Title I of the Elementary and Secondary Education Act of 1965)

Qualifying Arrival Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Qualifying Work: Seasonal ☐ Yes ☐ No Temporary ☐ Yes ☐ No

Describe work? \_\_\_\_\_

Started \_\_\_\_\_ Ended \_\_\_\_\_ Started \_\_\_\_\_ Ended \_\_\_\_\_ Started \_\_\_\_\_ Ended \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

☐ **Complete this section only if applicant qualifies under the NFJP criteria.**

(Section 167 of the Workforce Investment Act of 1998)

Date of intake/enrollment begins \_\_\_\_\_ Date of intake/enrollment ends \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Qualifying Work: Seasonal ☐ Yes ☐ No Temporary ☐ Yes ☐ No

Describe work? \_\_\_\_\_

Started \_\_\_\_\_ Ended \_\_\_\_\_ Started \_\_\_\_\_ Ended \_\_\_\_\_ Started \_\_\_\_\_ Ended \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Signature of person applying for admission \_\_\_\_\_ Date \_\_\_\_\_ Signature of parent/guardian is required for applicants **under 18 years of age** \_\_\_\_\_ Date \_\_\_\_\_

HEP Recruiter \_\_\_\_\_ Date \_\_\_\_\_ HEP Director \_\_\_\_\_ Date \_\_\_\_\_



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**EMPLOYER VERIFICATION FORM**

(This section must be verified by the employer for whom the work was done.)

I do hereby certify that \_\_\_\_\_ worked for me as a seasonal worker or farmworker for at least 75 days within the last 24 months.

<< Certified by: \_\_\_\_\_  
Signature of Certifier Date

☐ Farm Owner ☐ Crew Boss ☐ Manager ☐ Supervisor ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Name of Employer (Please print above) Phone # of Employer

Address of Employer (Please print below)

\_\_\_\_\_  
City State Zip

❖❖❖❖ If using a company's stamp, please stamp in the space below. ❖❖❖❖