



### GED PROGRAM POLICIES AND APPLICATION

Improve educational opportunities for Indian adults who lack the level of literacy skills necessary for effective citizenship and Productive employment (CFR25.46.1a). These policies were created and adopted by the Education Committee and according to 25CFR, Part 46, the Bureau of Indian Affairs Federal Regulations.

#### ELIGIBILITY:

You must be a citizen of the Gun Lake Tribe.  
You must complete the whole application before any services can be made available.

#### SERVICES AVAILABLE:

The following services are available on a limited basis to all citizens of the Gun Lake Tribe:  
Payment of GED pre-test and testing fees.  
Tutoring fees if the citizen displays a need for additional help with the GED Tests.

#### CITIZEN INFORMATION:

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Where did you last attend school?: \_\_\_\_\_

What is the last grade attempted?: \_\_\_\_\_ What was the last grade completed?: \_\_\_\_\_

Have you taken any of the GED tests previously?: Yes No

If yes, which ones?: Language Arts Social Studies Science Math

Which tests have you passed?: Language Arts Social Studies Science Math

#### SCHOOL/TESTING CENTER INFORMATION:

School/Testing Center Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Payment will be made directly to the school/testing center. Reimbursements will only be made with proof of your payment to the School/testing center. If you would like for us to pay the school online via credit card, please fill out the information below. You must contact the Education office to schedule your test at least 2 business days in advance of the test date.

Website \_\_\_\_\_ Username \_\_\_\_\_ Password \_\_\_\_\_

I have read the policies for the employment assistance program and I understand the eligibility requirements. By signing this, I verify that I meet the requirements and will follow the policies of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_