Application for a Waiver of Fees to Take the GED® Test

Name (Please PRINT): __________________________________________________________

Date of Birth: __________________________

Please initial the following three statements:

___ I am requesting a waiver of fees to take the GED® test based on financial hardship.

___ I understand that it costs $30 for each of the four subtests that make up the GED® test and the maximum amount of waivers I can receive is $120. I will pay for retake tests if I fail a test.

___ I understand that I must pass the GED Ready® Practice Test with a “Likely to Pass” score in each subject area in order to receive a waiver for that subtest. I will pay for all four practice tests.

THERE ARE TWO OPTIONS TO DETERMINE WHETHER YOU ARE ELIGIBLE FOR A WAIVER OF FEES:

Option 1: Do you, or a family member who lives with you, receive: RI Works cash assistance, SNAP Food assistance, Child Care Assistance, or Rite Care/Rite Share health coverage?

___ Yes, or ___ No Documentation provided: __________________________________________

If you checked “Yes” and provided documentation, please sign and date this application below.

If you checked “No,” circle your family size below. (Family Size = If you are under 21 and live with your parent(s), include yourself, your parent(s), and siblings who live with you at home.)

Option 2: Is your family’s annual income less than the dollar amount next to the family size?

___ Yes, or ___ No

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,186</td>
</tr>
<tr>
<td>2</td>
<td>$28,674</td>
</tr>
<tr>
<td>3</td>
<td>$36,162</td>
</tr>
<tr>
<td>4</td>
<td>$43,650</td>
</tr>
<tr>
<td>5</td>
<td>$51,138</td>
</tr>
<tr>
<td>6</td>
<td>$58,626</td>
</tr>
<tr>
<td>7</td>
<td>$66,114</td>
</tr>
<tr>
<td>8</td>
<td>$73,602</td>
</tr>
<tr>
<td>+1, add:</td>
<td>$7,488</td>
</tr>
</tbody>
</table>

I have read and understood the information in this application. I certify under penalty of perjury that my answers are correct. I authorize the testing center to release information relating to my financial need to the Rhode Island Department of Education if requested. (If under 18, parent/legal guardian must sign.)

Signature: _____________________________ Date: ________________
FOR TESTING CENTER USE:

Documentation Reviewed: ________________________________

Staff Signature: _______________________________________

Date: ______________

“GED Ready”, Practice Test Scores: VOUCHER # and Date:

Reading: __________  ________________________________
Science: __________  ________________________________
Math: __________  ________________________________
Social Studies: __________  ________________________________

“LIKELY TO PASS” SCORES ON GED READY:

Reasoning Through Language Arts: 145 or higher

Science: 145 or higher

Math: 145 or higher

Social Studies: 145 or higher

NOTES:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________