

**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

| Family Size | Annual Income |
|-------------|---------------|
| 1           | \$21,186      |
| 2           | \$28,674      |
| 3           | \$36,162      |
| 4           | \$43,650      |
| 5           | \$51,138      |
| 6           | \$58,626      |
| 7           | \$66,114      |
| 8           | \$73,602      |
| +1, add:    | \$7,488       |

*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:**

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