



EDUCATION PAYS

A Partnership between Hinds Community College
and The Craig H. Neilsen Foundation

Student Agreement

One-time awards of \$500 will be given to eligible individuals who participate in a certified General Education Development (GED) course at a site certified by Hinds Community College, successfully pass all components of the GED test and receive a certificate of high school equivalency from the Mississippi State Board of Community and Junior Colleges. Funding for Education Pays is provided by a grant from The Craig H. Neilsen Foundation to the Hinds Community College Development Foundation.

To be eligible to receive the \$500 award, a student must be a permanent resident of Warren County, Mississippi for at least 90 days before participating in Education Pays. Student must also be 21 or older to participate in award program.

Name (print) _____ Date of Birth _____
 First Middle Last

Phone (home) _____ (cell) _____

Permanent address _____
(must include physical address)

County & State of Legal Residence _____, _____ Legal Resident since (date) _____

I agree to abide by the following requirements for this program:

1. *Attend classes on a regular basis (only 3 absences per term are permitted).*
2. *Participate in a minimum of 12 class hours after completing registration process and pre-testing.*
3. *Remain an active member in the program until the GED is attained.*
4. *Participate in the GED program in the classroom without significant classroom disruption.*
5. *Provide the original State of Mississippi GED score sheet and GED diploma document to the instructor for verification within two weeks of the document date.*
6. *Return to class to accept award.*

Certification:

All the information provided by me on this form is true to the best of my knowledge. I am at least 21 years old and I have been a permanent resident of the United States and Warren County, MS for at least 90 days. I understand that by signing this agreement I am not guaranteed an award. I further understand that I must fully comply with all guidelines covered in this agreement if I am to receive the award. A copy of my MS Driver's License or state issued identification card is attached.

Signature of Student _____ Date _____

Date first class attended _____ Date High School Equivalency Diploma Awarded _____

Instructor's Signature upon verification of completion _____ Date _____

Comments: _____

For Hinds Community College Development Foundation use:

Date completion verified _____ Date cash award presented _____ Check Number _____

Signature of Foundation Representative _____