



____/____/____
DATE

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

ADDRESS

CITY

STATE

ZIP

() -
TELEPHONE

() -
EMERGENCY PHONE (LANDLINE)

____/____/____
DATE OF BIRTH

AGE

LAST HIGH SCHOOL ATTENDED

____/____
MONTH/YEAR
DATE LAST ATTENDED

CITY

STATE

Highest Grade Completed	Ethnicity	Gender	Approximate Annual Family Income	Family Size	Marital Status	Employment Status
<input type="checkbox"/> 7th or under	<input type="checkbox"/> Black	<input type="checkbox"/> Male	<input type="checkbox"/> under \$5,000	<input type="checkbox"/> 1	<input type="checkbox"/> single	<input type="checkbox"/> not in labor force
<input type="checkbox"/> 8th	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Female	<input type="checkbox"/> \$5,001 - \$9,000	<input type="checkbox"/> 2	<input type="checkbox"/> married	<input type="checkbox"/> unemployed
<input type="checkbox"/> 9th	<input type="checkbox"/> Native American		<input type="checkbox"/> \$9,001 - \$13,000	<input type="checkbox"/> 3	<input type="checkbox"/> divorced	<input type="checkbox"/> employed part time
<input type="checkbox"/> 10th	<input type="checkbox"/> White		<input type="checkbox"/> \$13,001 - \$17,000	<input type="checkbox"/> 4	<input type="checkbox"/> separated	<input type="checkbox"/> employed full time
<input type="checkbox"/> 11th	<input type="checkbox"/> Other		<input type="checkbox"/> \$17,001 - \$25,000	<input type="checkbox"/> 5	<input type="checkbox"/> widowed	
			<input type="checkbox"/> \$25,001 - or more	<input type="checkbox"/> 6 or more		

IN ORDER TO QUALIFY FOR BUENO HEP SERVICES, YOU OR AN IMMEDIATE FAMILY MEMBER (SPOUSE, FATHER, MOTHER, SISTER, BROTHER, GRANDPARENTS, OR LEGAL GUARDIAN) MUST HAVE WORKED A TOTAL OF 75 DAYS DURING THE PAST 24 MONTHS IN MIGRANT OR SEASONAL FARM WORK. IF YOU PERSONALLY DO NOT QUALIFY FOR PROGRAM SERVICES, PLACE AN **X** NEXT TO THE INDIVIDUAL WHO WORKS IN AGRICULTURALLY-RELATED EMPLOYMENT AND WHO CONTRIBUTES TO YOUR FINANCIAL SUPPORT.

- SELF
 SPOUSE
 FATHER
 MOTHER
 SISTER
 BROTHER
 GRANDPARENTS
 LEGAL GUARDIAN
 OTHER

FROM ____/____/____ TO ____/____/____
MONTH/YEAR
DATES EMPLOYED

NAME OF FAMILY MEMBER

AGRICULTURAL EMPLOYER

CITY

STATE

JOB DESCRIPTION

STUDENT'S SIGNATURE

() -
EMPLOYER'S PHONE NUMBER

COORDINATORS SIGNATURE (VERIFIED)

FOR OFFICE USE

TEST RESULTS					RECOMMENDATION	
Test	Total Questions	Raw Score	Essay	Standard Score	GED	send letter
Form PA					PRE GED	send letter
Form PB					WALK THROUGH	send letter
Writing	25				COMMENTS	
Social Studies	25					
Science	25					
Reading	20					
Math	25					
			TOTAL			
			AVERAGE			

Availability for class:
PLEASE CHECK ONE

Morning (8:30am- 12:00pm) Monday – Friday: _____

Afternoon (12:00pm-3:00pm) Tuesday – Thursday: _____

Evenings (3:30pm-7:00pm) Tuesday and Thursday _____

Follow up

Date: _____
Comments: _____

Date: _____
Comments: _____

