## DALLAS PUBLIC LIBRARY GED® TEST SCHOLARSHIP APPLICATION

Send completed applications with essays to <u>literacy@dallaslibrary2.org</u> or fax to 214-670-7805. For questions, please call 214-671-8291.								
Personal Information	··							
First Name:	Last N	ame: _						
Age: Gender:								
Address:							_	
City:	State:	_Zip: _					_	
Phone: Email:							_	
Educational Information								
Highest Grade Level Completed:	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
Have you been enrolled or curren	tly enrolled ir	n a GEl	D progi	ram:	Yes		No	
When and at what location?							-	
Verification (to be completed by	Verification (to be completed by partner agency representative)							
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(Program Representative) for (Student Name)	(Prograi a Dallas Pub	m Name) olic Libi	rary GE					
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## Scholarships made possible by:



