City Colleges of Chicago Adult Education
GED® Testing Fee Scholarship Application

Note: Funds for the scholarship are limited and scholarships will be granted on a first come, first served basis.

Student Eligibility Requirements: All of the following requirements must be met in order to apply for the scholarship. Please check all the items below that apply to you.

☐ I have a “MyGED” account.
☐ I have taken and scored “Likely to Pass” on at least 1 part of the GED Ready™ - Official Practice Test on the sub-test for which I am applying.
☐ I have computer printouts showing “Likely to Pass” for GED Ready™ subtest(s) for which I am applying—(Reading/Language Arts, Math, Social Studies, Science).
☐ I have successfully completed at least one session or semester of Adult Education studies at CCC.
☐ I am currently enrolled in a CCC Adult Secondary Education (ASE) level class and have enough attendance hours (at least 40) to be post-tested with the TABE.
☐ I can schedule/pay for at least my first GED® subtest if approved for the Scholarship ($12.50 for each subtest with credit card, debit card, or prepaid debit card).
☐ I am at least 18 years old.
☐ I have NOT already received the GED® Testing Fee Scholarship for subtests for which I am applying from another City College of Chicago.
☐ I am not using the vouchers for retesting.

Applicant name _____________________________ Student ID # _____________________________ Date of birth _____________________________

Address _____________________________ Apt. _____ City _____________ State Illinois Zip _________

Telephone: Home _____________________________ Cell _____________________________ Email _____________________________

I verify that the above information is correct and that I must meet all requirements to receive the Testing Fee Scholarship. I authorize the release of my GED/High school equivalency testing results to the City Colleges of Chicago for the purpose of being included in state and federal outcomes reporting and for use in institutional research.

Applicant Signature _____________________________ Date _____________

For Office Use Only:

College/Site: _____________________________

Adult Education staff name: (print) _____________________________

Adult Education staff signature: _____________________________ Date: _____________

Location of Pearson VUE site student will be tested at:

☐ DA ☐ KK ☐ MX ☐ OH ☐ TR ☐ WR

Staff must advise non-approved students on other options (possible future eligibility, taking subtests in stages, etc.)

Version 1.3