

NH STATE GRANGE
GRANGE SERVICES DEPARTMENT

GRANGE SCHOLARSHIP APPLICATION
HIGH SCHOOL EQUIVALENCY ASSISTANCE

Name of Applicant _____

Address _____

Home Grange _____

Give a Brief Summary of Grange Activities _____
(Attachment if Necessary)

Plan for Acquiring the Certificate of High School Equivalency _____
(Attachment if Necessary)

At What Testing Center Will You Take the Test _____

How Do You Plan to Prepare for the Test _____

Estimated Financial Plans:

Cost: _____
GED Prep _____
Books _____
Travel _____
Other Fees _____

Resources: Available Savings _____
Salary/Wages _____
Other Income _____
Part Time Work _____
Help From Other Sources _____

Total Cost _____

Total Available Funds _____

Signature of Applicant _____

Mail To: The Director of the Grange Services Department
Lois Enman, 9 Blake Street, Rochester, NH 03867