



LOUISIANA HIGH SCHOOL EQUIVALENCY SCHOLARSHIP APPLICATION

This form is available at www.lctcs.edu/WorkReadyU and may be completed and printed from the website.

Instructions: Application must be typed or printed legibly. A complete application in the following order includes:
(1) Application Form including WorkReady U Supervisor's signature; and (2) Student Statement.

Section 1 – to be completed by applicant

Applicant Name: (exactly as it appears on State/Government issued ID)		
Address:		
City:	State: LA	Zip Code:
Parish:	Date of Birth:	
Telephone Number:	Alternate Telephone Number:	
Email Address:	ETS ID Number:	
<p>By signing below, I hereby grant permission for the following (initial by each):</p> <p>_____ WRU personnel to release any information necessary to process my application to the Louisiana HSE Scholarship Program.</p> <p>_____ I confirm the information provided in my application is to the best of my knowledge, complete, and accurate, and I understand that false statements on this application will disqualify me from the scholarship.</p> <p>_____ I understand the Louisiana HSE Scholarship eligibility criteria, application requirements and responsibilities.</p>		
_____ Signature of Applicant		_____ Date

Section 2 – to be completed by WRU Supervisor

Name of the WRU Program currently attending:		
Address:		
City	State: LA	Zip Code:
Date of WRU Enrollment:	Name of Pre-Test: Date of Pre-Test: Pre-Test Score: R _____ L _____ M _____	Name of Post-Test: Date of Post-Test: Post Test Score: R _____ L _____ M _____
Number of Instructional Hours Attended:	Date OPT Completed:	OPT Scores indicate <i>Prepared</i> or <i>Well-Prepared</i> for all 3 of 5 subtests: <input type="checkbox"/> Yes <input type="checkbox"/> No

WorkReady U Program Official Use

By signing below, I hereby certify that the applicant is currently enrolled in the WRU program, has demonstrated a financial need, and the educational information reported above is accurate and can be verified in the WRU Student Information System.

Signature of WRU Director

Date