

NH STATE GRANGE  
GRANGE SERVICES DEPARTMENT  
GRANGE SCHOLARSHIP APPLICATION  
HIGH SCHOOL EQUIVALENCY ASSISTANCE

Name of Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Name of 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 \_\_\_\_\_

Total Costs \_\_\_\_\_

Resources: Available Savings \_\_\_\_\_  
Salary/Wages \_\_\_\_\_  
Part Time Work \_\_\_\_\_  
Help From Other Sources \_\_\_\_\_

Total Available Funds \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**COMPLETED AND SIGNED APPLICATIONS MUST BE SENT TO:**

**LOIS ENMAN  
GRANGE SERVICES COMMITTEE  
9 BLAKE ST  
ROCHESTER, NH 03867**