

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