



Dear Applicant,

P.E.O. is a Philanthropic Educational Organization where women celebrate the advancement of women P.E.O. educates women through scholarships, grants, awards, loans, and stewardship of Cottey College, and motivates women to achieve their highest aspirations. In that spirit, the Minnesota State Chapter of P.E.O. developed the Rising Hope Fund to assist women with financial assistance for completion of their official high school equivalency exams and/or exam specific study guides.

The application for assistance from the Minnesota P.E.O. Rising Hope Fund (RHF) must be filled out completely to be considered for this award. Below is information about the award qualifications, requirements and the RHF Fund:

Qualifications:

- Applicant must have a Minnesota address.
- Applicant must be a woman.
- Applicant has not received the lifetime total award of \$300.
- Applicant must show adequate preparation by securing an instructor's signature on the application form.
- Applicant must review and pursue Minnesota State funding options for testing before applying for the RHF. See MDE website for current promotions, state funding or subsidies available at the time of application.

Requirements:

- Contact information for a licensed adult education instructor, the high school equivalency assessment location and tentative assessment dates are required.
- Applicant must take high school equivalency assessments at a state licensed adult education center in Minnesota.
- Applicant is required to notify the RHF Committee if the funds requested are no longer needed.
- Successful submissions will receive a voucher to be used on a valid MN testing website for exams or test specific study guides will be mailed to the address on the application.

Funding will be approved only for the first attempt of taking an official subject matter exam. The exam should occur within two (2) months of application. Multiple applications are permitted. Exam retakes do not qualify for funding.

The completed application should be scanned or photographed and electronically submitted to MNPEORisingHope@gmail.com by the 10th of the month. The RHF Committee will communicate the status of the award by email by the 1st of the following month.

For more information, contact the Minnesota P.E.O. Rising Hope Fund Committee at MNPEORisingHope@gmail.com.

Sincerely,

The Minnesota P.E.O. Rising Hope Fund Committee

MN P.E.O. Rising Hope Fund Application

The MN P.E.O. Rising Hope Fund (RHF) offers assistance for completion of Official High School Equivalency Assessments and Exam Specific Study Materials



Applicant Information (Please print clearly):

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City, State, Zip code: _____

Cell phone: _____ Email: _____

I am age 18 and under OR over the age of 18.

This is the first time I have applied for RHF assistance: Yes No

Section I:

Check any of the following that apply. If none apply, leave blank:

- I am just beginning the testing
- I need assistance purchasing study guides and/or online resources.

Please attach a copy of your shopping cart to indicate specific study materials requested:

If requesting exam vouchers, please check which of the following official exams you are requesting assistance for with this application. Assessment date should be within one or 2 months of application submission:

- Social Studies Approx. Assessment Date: _____ \$ _____
- Math Approx. Assessment Date: _____ \$ _____
- Science Approx. Assessment Date: _____ \$ _____
- Language Arts Approx. Assessment Date: _____ \$ _____

Please list any official assessments that have been taken and the date successfully completed:

Social Studies Date: _____

Math Date: _____

Science Date: _____

Language Arts Date: _____

Section II:

Licensed Adult Education Instructor Information (Please print):

Name: _____

Name of Adult Education Program: _____

Email Address: _____

Phone: _____

Licensed Adult Education Center Exam Location (May be different from program location. Please print):

Name of Center: _____

Phone: _____ Email: _____

Address: _____

City, State, Zip code: _____

Section III:

What is(are) the reason(s) you have decided to complete your high school equivalency assessments at this time? Check any of the following that apply:

- For my own self fulfillment
- obtain a higher pay level at work.
- To get a (better, different, new) job.
- My life situation allows me to go back to school at this time.
- To enter college
- To enter the military
- Other: _____

If 18 years or older, would you be willing to be contacted by a local chapter of Minnesota State P.E.O.? (Approval of the application will not be affected by the answer to this question.)

- Yes
- No

Section IV:

Required Signatures (electronic signatures not accepted)

Applicant Signature

Date

****If applicant is under the age of 18**, please provide name and signature of parent/legal guardian:

Print Parent/Legal Guardian Name

Signature of Parent or Legal Guardian

Print Name of Licensed Adult Education Instructor

Signature of Instructor*

***By signing this document, the instructor is recommending the applicant for assistance.**

_____ **Instructor initials **only If the applicant is under the age of 18**. By initialing, the instructor indicates receipt of the required age waiver for the student to take the high school equivalency assessment(s).