



HEP Services at Northern New Mexico College

- High School Equivalency (HSE) preparation instruction and tutoring
- Instructional materials and books
- HSE testing fee
- Graduation cap & gown
- Career and academic advising
- Cultural and social events
- Financial assistance stipend

HEP Eligibility Requirements

- Be at least 16 years of age
- Not currently enrolled in high school
- Have not earned a high school diploma or its equivalent
- The student, or his/her immediate family member, must have spent a minimum of 75 days during the past 24 months as a migrant or seasonal farm worker. This includes any agricultural activity for wages related to the production of crops, dairy products, poultry, or livestock, cultivation or harvesting of trees, or fish farms OR have participated in a Title I, Migrant Education Program

HEP Application Requirements

- Completed Application
- Personal Statement
- Farm Work Verification Form completed by the employer OR a Certificate of Eligibility (COE) from a Migrant Education Program
- Underage Permission/Withdrawal Form from school and school district (if 16 or 17)
- Copy of Government issued ID

HIGH SCHOOL EQUIVALENCY PROGRAM (HEP)

NORTHERN NEW MEXICO COLLEGE



SECTION 1 HEP Application Information

LAST NAME FIRST NAME M.I.

____/____/____
TODAY'S DATE

____/____/____-____/____/____-____/____/____/____
SOCIAL SECURITY #

____/____/____
DATE OF BIRTH

____/____/____-____/____/____/____
CELL PHONE

____/____/____-____/____/____/____
ALTERNATE PHONE

PHYSICAL ADDRESS STREET CITY & STATE ZIP

MAILING ADDRESS (if different from physical address) CITY & STATE ZIP

EMERGENCY CONTACT NAME

____/____/____-____/____/____/____
EMERGENCY CONTACT NUMBER

ETHNICITY (CHECK ALL THAT APPLY)

- Hispanic/Latino
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Black/African American
- Other: _____
- White
- Decline

IS ENGLISH YOUR SECOND LANGUAGE? Yes No

IF YES, WHAT IS YOUR NATIVE LANGUAGE? _____

HOW DID YOU FIND OUT ABOUT NNMCM HEP?

- Walk-in
- Flyer/Brochure
- Newspaper/Radio
- Informational Fair
- Recruiter/Outreach Staff
- Referral Agency/Program
- High School Counselor
- Migrant Education Program (HEP)
- Family Member/Friend/Acquaintance: _____

CLASSES: IF AN OPTION, DO YOU PREFER: Morning Classes Afternoon Classes

HIGH SCHOOL EQUIVALENCY PROGRAM (HEP)

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SECTION 4 Assessment Factors *cont'd*

WHAT IS YOUR ESTIMATED FAMILY INCOME?

- \$0- \$2,500 \$5,001 - \$7,500 \$10,001 - \$15,000
 \$2,501 - \$5,000 \$7,501 - \$10,000 \$15,001 - \$20,000 More than \$20,000

NUMBER OF PEOPLE IN HOUSEHOLD (INCLUDING YOURSELF): _____

DO YOU RECEIVE ANY ECONOMIC ASSISTANCE? IF SO, PLEASE INDICATE WHAT TYPE BELOW.

- TANF Childcare Assistance Medicaid SNAP WIC
 SSI (Supplemental Security Income) Other _____

SECTION 7 Signature & Authorization

I understand that in order to be accepted and receive services from this federally-funded program, HEP requires access to my student records. I therefore authorize the Northern New Mexico High School Equivalency Program staff to have access to my records at Northern New Mexico College. This information will be held in the strictest confidence. Records may include:

- Grades, transcripts and enrollment documents
- Financial aid information on dependents
- Government and State agency documents
- Records of tests taken for assessment purposes at NNMC or other institutions

I certify to the best of my knowledge, the information I have provided on this application form are complete and true. Failure to disclose and submit complete and accurate information may result in the denial of acceptance to NNMC's High School Equivalency Program.

PRINT APPLICANT'S NAME

SIGNATURE

_____/_____/_____
DATE

NNMC High School Equivalency Program, 921 Paseo de Oñate, Española, NM 87532

Joseph A. Montoya Administration Bldg • Rm AD 114 • (505) 747-2195 • [facebook.com/NorthernHEPprogram](https://www.facebook.com/NorthernHEPprogram)

The High School Equivalency Program (HEP) at Northern provides academic instruction, resources and support to seasonal or migrant farm workers in attaining a GED™. HEP is funded by a grant from the U.S. Department of Education under the auspices of the Office of Migrant Education.

OFFICE USE ONLY Need-Based Eligibility

Family Income _____ Household _____ Assistance _____ Dependents _____
Disrupted Education _____ Essay _____ TOTAL _____



SECTION 5 Personal Statement **APPLICANT MUST ANSWER QUESTIONS 1 - 5**

1) Tell us a little bit about yourself (your hobbies, interests, family, etc.).

2) What type of migrant/seasonal farm work have you or an immediate family member performed?
Example: I work for Mr. Martinez. I till the soil, plant, weed, irrigate, and harvest chili, corn, squash, cucumbers and melons. For more examples, see qualifying work on Page 8.

3) What would you like to do for your career and what path do you need to get there?



SECTION 5 Personal Statement *cont'd*

4) What do you foresee as your biggest challenges in earning your HSE?

5) How do you think HEP can help you succeed in earning your HSE?

APPLICANT SIGNATURE

____/____/____
DATE

HIGH SCHOOL EQUIVALENCY PROGRAM (HEP)

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SECTION 6 Farm Work History Form

EMPLOYER MUST COMPLETE THIS FORM

APPLICANT'S NAME _____

WHO IS THE FARM WORKER? Applicant Mother Father Legal Guardian Spouse

Resident who resides in the household with applicant, and financially supports the applicant. Relationship to applicant _____

NAME OF FARM WORKER (IF NOT THE APPLICANT) _____

WAS THE WORK PAID FOR BY Cash Check Other _____

Please list farm work below. Work must be SEASONAL or TEMPORARY and be a MINIMUM of 75 days in the past 24 months and can not be year-round. For examples of work eligibility, see Eligibility Chart attached.

1. Type of Farm Work: _____

BEGINNING _____ / _____ / _____ ENDING _____ / _____ / _____ TOTAL DAYS WORKED: _____
MONTH YEAR MONTH YEAR

NAME OF EMPLOYER _____ PHONE NUMBER _____ / _____ / _____ - _____ / _____ / _____

ADDRESS STREET _____ CITY & STATE _____ ZIP _____

2. Type of Farm Work: _____

BEGINNING _____ / _____ / _____ ENDING _____ / _____ / _____ TOTAL DAYS WORKED: _____
MONTH YEAR MONTH YEAR

NAME OF EMPLOYER _____ PHONE NUMBER _____ / _____ / _____ - _____ / _____ / _____

ADDRESS STREET _____ CITY & STATE _____ ZIP _____

I CERTIFY THE INFORMATION ON THIS FARM WORK HISTORY FORM TO BE TRUE AND CORRECT. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF GOVERNMENT FUNDS. NORTHERN NEW MEXICO COLLEGE HEP RESERVES THE RIGHT TO CONDUCT VERIFICATION OF ELIGIBILITY.

EMPLOYER SIGNATURE _____ DATE _____ / _____ / _____



HEP Eligibility Criteria

You, or an immediate family member, **must be a migrant or seasonal farmworker** whose primary employment was on a **temporary** and/or **seasonal** basis for a minimum of 75 days in the last 24 months.

Farm work is an agricultural activity on a farm, ranch, or similar establishment.

AGRICULTURAL ACTIVITIES

Production of Crops

- Preparing land, planting, seeding, irrigating, fertilizing, pruning, thinning, weeding, transplanting, harvesting and picking

Production of Milk

- Milking or operating milking machines, cleaning and maintaining animal housing, and administering vaccinations or medicines

Poultry for Meat and Egg Production

- Breeding, hatching, cleaning and maintaining housing, feeding, watering, and raising poultry

Livestock Production Animals for Breeding or Slaughter

- Herding, handling, feeding, watering, milking, caring for, branding, tagging, and assisting in raising livestock

Cultivation or Harvesting of Trees

- Soil preparation, plowing, fertilizing, planting, transplanting, staking, watering, pruning or trimming, and felling or cutting

Harvesting of Fish

- Breeding, stocking, feeding, collecting, and harvesting