

**Summer Youth Employment and Learning Program
School Status Self-Attestation Form**

Applicant Information

First Name _____ Last Name _____ Date of Birth _____

Complete each section. This form can only be used for applicants who are not enrolled in secondary school (12th grade or below).

1. High School Information

I have a high school diploma or equivalent. I received it from the school listed below on this date: _____

School _____ City _____

I am a high school dropout. I withdrew from the school listed below.

My last date of attendance was: _____ My last grade completed was: _____

School _____ City _____

2. Other School Information

I am currently attending the school listed below. My most recent enrollment date is: _____

School _____ City _____

I am not currently attending any school.

3. Self-Attestation Statement

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I authorize the release of this information to Capital Workforce Partners and its Partner Agencies affiliated with the Summer Youth Employment and Learning Program. This information will be used solely by Capital Workforce Partners and its contracted Partner Agencies to determine eligibility for the Summer Youth Employment and Learning Program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if applicant is under 18)

4. Staff Verification Statement

I certify that the information recorded on this form was provided by the individual whose signature appears above.

Staff Name _____ Organization _____

Staff Signature _____ Date _____