

Applicant Self-Attestation Statement

I, \_\_\_\_\_, hereby certify that I:

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I attest the information stated above is true, and accurate to the best of my knowledge.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OFFICE USE ONLY**

*The above Participant statement is being utilized as documentation for the following eligibility criteria:*

- Dropout
- Individual/Family Income
- Pregnant or Parenting
- Highest Educational Level Completed
- Unable to obtain or maintain employment in the last 12 months
- Requires English as Second Language to function on the job
- Unemployed or Underemployed and experiencing difficulty in obtaining or upgrading employment
- Other (must provide reason): \_\_\_\_\_
- Current Student Status
- Offender
- Current Employment Status
- Homeless

Program Staff Signature \_\_\_\_\_ Date \_\_\_\_\_