



Self-Attestation Form

This form can be used to verify multiple eligibility requirements. Only complete one form per participant.

Name:	State ID Number:
Employment Status	
☐ Employed: I certify that I am currently emp	ployed.
Name of Employer:	
Employment Dates:	to
☐ Unemployed: I certify that I am currently u	
Name of Last Employer:	
Last Day Worked:	
	vorked, and I am currently not employed or earning wages.
School Status	
☐ I certify that I am currently not attending a	ny high school or college (on-campus or virtual).
\square I certify that I dropped out of high school.	
☐ I certify that I am currently attending school	ol. Please check one of the options below.
☐ I am attending High School at	<u>.</u>
☐ I am attending a local community colle	ge or university for curriculum or continuing education classes.
College:	Date Started:
Name of Program:	
$\ \square$ I am attending ABE/GED classes at a l	ocal community college.
College:	Date Started:
Highest Grade Completed	
Highest Grade Completed:	
Name of Degree/Diploma/Certificate:	
By signing below, I attest that the informat best of my knowledge.	ion provided on this application is true and accurate to the
Signature:	Date:
Parent/Guardian (if minor):	Date: