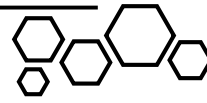
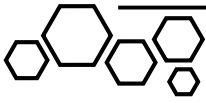


Child Care

Scholarship

Transportation

Other



Application for Financial Aid

SELF-CERTIFICATION

I hereby certify under penalty of perjury, that the following information is true:

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination of Workforce Solutions services and/or penalties as specified by law.

Signature: _____ Date: ____ / ____ / ____

Signature of Parent or Legal Guardian: _____

Address: _____

Phone Number: _____

The above self-certification documents the following eligibility criteria:

CERTIFICATION

I certify that the information recorded on this form was provided by the individuals whose signatures appear above.

Workforce Solutions Career Office Staff Signature: _____

Printed Name: _____ Date: ____ / ____ / ____