

INFORMATION RELATED TO HIGH SCHOOL EDUCATION

AMERICORPS PROGRAM NAME: Keystone SMILES AmeriCorps

I _____ (AmeriCorps Member), certify under penalty of law, that:
(please print)

PLEASE CHECK AND COMPLETE APPROPRIATE SECTION

1.)

____ I attended and **graduated from** _____ (*high School*), in _____ (*town and state*) in _____ (*year*).

OR

____ I **received a high school equivalency** certificate from _____ (*organization or school district*) in _____ (*year*).

OR

____ I **agree to obtain** a high school diploma or its equivalent before using an education award.

2.)

____ I have not dropped out of high school or elementary school in order to be an AmeriCorps Member

If you cannot answer yes to questions 1 and 2, please see your Program Director.

AmeriCorps Member Signature

Date