

ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT
“HIGH SCHOOL DROP-OUT FORM”

Date: _____/_____/_____

Youth Participant _____

To Whom It May Concern:

I _____ attest that I am 18 years or older and a High School Drop Out and did not complete high school.

Date of Birth _____/_____/_____

Youth's Signature _____ Date _____

Youth Staff Signature _____ Date _____

By signing above, I attest that this statement is true.

CERTIFICATION: I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and I may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I hereby give permission to verify my income by contacting my place of employment or agency from which I received benefits.