



SCHOOL SCHEDULE VERIFICATION FORM

This form must be completed by the guidance counselor or school administrator of the interested student. The purpose of this form is to verify that the interested student qualifies to work two to three hours per day for up to five days per week.

In order to continue with the application process, you must submit all required documents no later than 6:30 PM on Friday, December 16, 2016. If you do not submit all of your documents by this date and time, you will not be eligible to participate in the 2017 High School Internship Program.

Return completed packet to:

4058 Minnesota Avenue, NE, 2nd Floor - Office of Youth Programs • Washington, DC 20019

STUDENT INFORMATION

Name _____
Last *First* *Middle Initial*

Name of School _____

Grade _____ GPA _____ Last 4 Digits of Social Security Number _____

Number of Community Service Hours Completed _____

Total Number of Community Service Hours to be Completed for Graduation _____

Is this student on track to graduate on time? yes no

Is this student eligible to use this internship for credit? yes no

COUNSELOR INFORMATION

Name _____

Name of School _____

Title _____

Email Address _____

Phone Number _____

Comments (if applicable):