# CAP Center Button LogoThe Child Abuse Prevention Center

##### DECLARATION OF

##### HIGH SCHOOL EDUCATION

**2020-2021 Program Year**

**Check the box for EITHER Section 1 or Section 2, then complete the bottom:**

|  |  |
| --- | --- |
| 1. [ ]  | **I HAVE** obtained a high school diploma or high school equivalency certificate. I declare under penalty of law that the foregoing is true and correct.  |
|  |
| 2. [ ]  | **I HAVE NOT** yet earned a high school diploma or high school equivalency certificate. I affirm that I have not dropped out of elementary or secondary school to enroll as an AmeriCorps participant. Further, I agree that I will not use any Segal AmeriCorps Education Award that I earn until I have obtained my high school diploma or equivalency certificate. |
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|  |  |  |  |  |
|  |  |  |  |  |
|  | Member Print Name |  | Member Signature |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Date |  |  |  |