Member Social Security Number _____

DIRECTIONS TO CERTIFYING OFFICIAL:

1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 3.
4. If you are using WBRS or ESPAN, please provide the form to whomever enters data into that database for your program.

PART 3 Certifying Official: Please Complete and Sign

This section must be signed by an authorized certifying official. The program must designate certifying officials.

1. Type of Enrollment (Mark only one.)

- ☐ Full-time (1700 hours per year or 365 days for VISTA)
- ☐ Half-time (900 hours in up to 2 years)
- ☐ Reduced half-time 675 hours
- ☐ Quarter time 450 hours
- ☐ Minimum time/Summer 300 hours

2. Is the member enrolling in an AmeriCorps education award only position (i.e. received no Corporation-funded living allowance or benefits)?

- ■ Yes
- ☐ No

3. Will the member receive a living allowance?

- ☐ Yes
- ■ No

4. Date of Enrollment _____

5. Type of Program

- ☐ AmeriCorps National Direct
- ☐ AmeriCorps State
- ☐ AmeriCorps Tribe
- ☐ AmeriCorps Territory
- ☐ AmeriCorps National Civilian Community Corps
- ■ AmeriCorps Education Award Program
- ☐ AmeriCorps Promise Fellows
- ☐ AmeriCorps America Reads
- ☐ AmeriCorps Governor's Initiative
- ☐ Other (Specify :_____)

6. Program Information

Washington Campus Compact — Name of Program or AmeriCorps*NCCC Campus

04EDHWA001/07EDHWA001 — Operating Site I.D. Number

c/o Western Washington University, 516 High Street, MS 5291 — Address

Bellingham — City

WA — State

98225 — Zip

(360) 650-7983 — Phone Number

Signature of Certifying Official _____ **Date**_____

Name of Certifying Official (Please Print):_____

I understand that a knowing and willful false statement on this form can be punished by a fine punished by a fine or imprisonment or both under Section 1001 of Title 18. U.S.C.