**CERTIFICATION FORM**

*(please read instructions carefully)*

|  |  |
| --- | --- |
| **Project Title:** |  |

I certify that I am willing to participate in the Apprentice Mentoring Grant according to the plans outlined in this application and that statements made on the forms are true and complete to the best of my knowledge. I understand that, if I receive an Apprentice Mentoring Grant, pending availability of funds, that I will submit a complete final report and hold a public presentation of my work in a timely manner for each grant year.

I certify that the following is accurate and that these conditions were met at the time of the application deadline:

 Who Can Apply - Individual Teacher or Apprentice (*check Yes or No*)

* I am a U.S. citizen or permanent resident alien. \_\_\_ Yes \_\_\_ No
* I am a resident of the State of Hawai`i. \_\_\_ Yes \_\_\_ No

For State of Hawai`i Payments to the **TEACHER** (pending availability of funds) (*check Yes or No*)

* I am compliant with federal and State of Hawai`i income taxes. \_\_\_ Yes \_\_\_ No
* I am compliant with State of Hawai`i general excise taxes. \_\_\_ Yes \_\_\_ No
(*If applicable, check Yes or No. If not applicable, leave blank.*)

This Certification is for (*check one*):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Teacher Applicant |  | Apprentice Applicant |

|  |  |
| --- | --- |
|  |  |
| Applicant Signature | Date |

|  |
| --- |
|  |
| Print Name |

***Signature of parent or guardian IF the apprentice is under 18 years of age.***

I agree to provide the necessary assistance to the above-named apprentice in his or her efforts to carry out the proposed apprenticeship as outlined in this application.

|  |  |
| --- | --- |
|  |  |
| Parent/Guardian Signature | Date |
|  |  |
| Print Name (Parent/Guardian) |  |