National Service Trust Enrollment Form

Completion of this form is required to enroll a serving member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

PART 1  Member: Please Complete and Sign

1. Name
   Last  ___________  First  ___________  MI  ___________

2. Date of Birth  ___________  ___________  ___________
   Month  Day  Year

3. Social Security Number  ___________  ___________  ___________

4. Citizenship Status
   [] I am a U.S. Citizen or National *
   [] I am a Lawful Permanent Resident Alien of the United States **
   [] I am an Asylee ***

*Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.

**Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.

***You are an asylee if you have a Form I-94 with asylum granted stamp; form I-766 with Category “A5” or “A-5,” or an Order of the Immigration Judge granting asylum.

5. School Status
   What is the highest level of education you have completed?
   [] Less than high school or equivalent
   [] I agree to obtain a high school diploma or its equivalent before using my educational award, and I did not drop out of elementary school or secondary school to enroll in the program.
   [] I am exempt from the requirement to have a high school diploma, due to: ________________________________

   [] High school diploma/GED

   [] Technical school/apprenticeship/vocational

   [] Some college
   Most recent school attended ___________________________ Type of degree, diploma, or certificate ________________________________

   [] Associates degree (AA)
   School that provided degree ___________________________ Type of degree, diploma, or certificate ________________________________

   [] College graduate
   School that provided degree ___________________________ Type of degree, diploma, or certificate ________________________________

   [] Graduate degree (e.g. MA, PhD, MD, JD)
   School that provided degree ___________________________ Type of degree, diploma, or certificate ________________________________
6. **Current Address** (All information will be sent to you at this address until you notify CNCS of a change of address.)

   Number and Street
   City
   State
   Zip Code
   Email Address
   Home Phone
   Business Phone
   Ext

7. **Permanent Address** (Name and address of person through whom you can always be reached once you leave the program.)

   Last
   First
   MI
   Number and Street
   City
   State
   Zip Code
   Email Address
   Home Phone
   Business Phone
   Ext

8. Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program?
   - No
   - Yes
   If yes, how many times: ___

9. Have you ever been released 'for cause' by any AmeriCorps, Silver Scholar, or Serve America Fellow program?
   - No
   - Yes

10. **Segal Education Award Limitations:** I understand that I may not receive more than the aggregate value of two full-time Segal Education Awards and that upon successful completion of the term of service, I will receive only that portion of the Segal Education Award for which I am eligible, which may be all or a part of a Segal Education Award, or no Segal Education Award (pursuant to 45 CFR § 2526.55).

   - No
   - Yes

**PART 2**

**Member Enrollment Certification**

By signing this enrollment form I agree, if asked, to provide documentation to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under 18 U.S.C. § 11, exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, 31 U.S.C. §§ 381-3812.

Member's Signature
Date