



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 _____ 3. Social Security Number _____
Month Day Year

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 _____