



# eGRANTS

Welcome Marilee

SoS Enrollment

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### LSA Member Enrollment/Exit

Please fill out any the following information on behalf of the student and select their program assignment information. You may save at any time, but you must fill out all required fields to enroll and exit the student.

### Student Participant Information

- \* First Name:
- Middle Name:
- \* Last Name:
- \* Social Security Number:
- \* Date of Birth:
- \* Gender:
- \* Address:
- \* City:
- \* State:
- \* Zip code: -
- \* Last completed grade level
- \* Does this student receive free or reduced lunch?: Yes No
- Student Phone:
- \* E-Mail Address:

### Parent/Legal Guardian Information [\(click here to copy student address\)](#)

- \* First Name:
- \* Last Name:
- \* Parent/Guardian Address:
- \* City:
- \* State:

\* Zip code: -

Phone:

\* E-Mail Address:

### Placement Information

\* Program Title: Select

\* Hours of Service Performed:

\* Start Date: 

\* End Date: 

### Certification

I CERTIFY TO THE FOLLOWING:

This student

- has met the applicable eligibility requirements for the approved summer of service position, as appropriate, in which the individual served.
- has successfully completed the required term of 100 hours of service during the summer months in the approved national service position, as certified through a process determined by the Corporation.
- is a citizen or national of the United States or lawful permanent resident alien of the United States.
- has not already earned two Summer of Service Education Awards.
- completed service hours that did not include any service activities that were prohibited by law, regulation, or grant provision.

\* I, \_\_\_\_\_, certify this form as of **06/07/2010**.

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 Section 1001 of Title 18, U.S.C., 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.

OMB Number: 3045-0006 (Enrollment) and 3045-0015 (Exit)

**Public Burden Statement:** The Paperwork Reduction Act of 1995 requires the Corporation to inform all potential persons who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 CFR 1320.5(b)(2)(i)).

**Time Burden:** The time required to complete this collection of information is estimated to average 10 minutes per participant.

**Use of Information:** The information collected constitutes an application for benefits.

**Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to assess the applicant's request for benefits. In this case, it will not be possible to consider allocating benefits to the applicant.

**Privacy Act:** Information provided for this collection may be shared with federal, state, and local agencies for law enforcement purposes.