

GOLDEN APPLE SCHOLARS OF ILLINOIS
VERIFICATION OF EMPLOYMENT
SCHOOL YEAR : _____

To be completed by Scholar:

Name _____

Address _____

City, State, Zip _____

Home phone _____

Cell phone _____

E-mail _____

School of employment _____

School District _____

School address _____

School city, state and zip _____

School county _____

School phone _____

School Fax _____

Type of certification, please circle: Initial Standard Type 73 Type 75

Subject (s) _____

Grade level _____

School-related extracurricular/athletics _____

Principal's name _____

Principal's email _____

To be completed by school official:

I verify that _____ is employed in a full-time position at the school listed above.

Name of School Principal, Assistant Principal, Department Head, Team Leader, or Superintendent (*Please print*) _____

Signature of the above named person

Date