

FORM 1-03
JOB CORPS APPLICATION STATEMENT OF SUPPORT

Applicant Name: _____ Interview Date: _____

To Whom It May Concern:

I do not have any earned income. I am being supported by _____
(Supporter's Name)

who provides me with room and board. I am/I am not claimed as a dependent by this person for tax purposes. _____ is not charging me for room and board.
(Supporter's Name)

Applicant's Signature: _____ Date: _____

Supporter's Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Admissions Counselor's Signature: _____ Date: _____