

STATEMENT OF ACCURACY

I hereby affirm that all the attached stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen for the PRYSMS Aces Program, my picture may be taken and used to promote the program. (Selected student may waive photo due to unusual or compelling circumstances.)

Signature of applicant: _____

Date: _____

Signature of applicant's guardian/ parent: _____

Date: _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this program and that I support this application to the PRYSMS Aces Program.

Name of Guidance Counselor: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____

Date: _____