Workforce Pell Institution Certification

SECTION A: Responsible Official

This form must be completed, signed by the "Responsible Official" with signing authority for the Workforce Pell Grant Program Eligibility applicant, and submitted as part of the Institution or Organization's Application for Workforce Pell Grant Program Eligibility.

A: Responsible Official

Name: (Last) _____ (First) _____ (MI) _____

Title: _____

Institution or Organization: _____

Street or P.O. Box: _____

City: _____ State: _____ ZIP: _____ - _____

Telephone: (___)_____ - _____ Ext: _____ Facsimile: (___)_____ - _____

B: Certification of Truth, Accuracy, and Completeness *(to be signed by the Responsible Official)*

I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in the Application for Workforce Pell Grant Program Eligibility are truthful, accurate, and complete.

Name (signed): _____

Name (typed): _____ Date: _____ / _____ / _____