



Release of Information

All of the information on this application is true and complete to the best of my knowledge. **I have attached written documentation supporting my income information.** I agree to notify Community Action of Southern Kentucky, Inc. of any changes in my address, career plans, and/or institution of choice that may occur before June 30, 2013. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

I understand that all agents of Community Action of Southern Kentucky, Inc. are bound to the confidentiality standards of the Cabinet for Health and Family Services.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicable)

Date

Please return the completed application to your Guidance Counselor, Youth Service Center Coordinator, or **(Coordinator Name)** _____, County Coordinator at **(Address)** _____
no later than **March 30, 2013.**