



SUMMER WORK & TRAVEL PROGRAM

International YMCA

We build strong kids,
strong families,
strong communities.

Proof of Student Status

Student Name _____

Name and Address of Post-Secondary Institution:

Major Field of Study:

Number of years of university study student will have completed at time of participation in the YMCA Work & Travel Program:

Month and year student complete studies:

Dates of break from college or university:

From: _____ (month) _____ (day) _____ (year)

To: _____ (month) _____ (day) _____ (year)

To be Completed by University Official (please print)

I certify that: Mr./Ms. _____ is a full-time enrolled matriculating student at our institution; that the above information is correct; and that he/she will continue his/her studies upon completion of the YMCA Summer Work & Travel Program.

Name/Title: _____

Signature: _____

Date: _____

| |
|---------------------------------|
| <p>University Seal or Stamp</p> |
|---------------------------------|