**Plains Bridges to the Baccalaureate Program Application**

**Certification Form**

**AFTER** submission of the web application, this form needs to be filled out, signed, and emailed to bridges.ttu@gmail.com or mailed to:

 Plains Bridges to the Baccalaureate Program

 Attn: Dr. Jaclyn Cañas-Carrell

 P.O. Box 41163

 Lubbock, TX 79409

\*Note: Applications will **NOT** be considered complete until this form is completed and sent by the application deadline.\*

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this, I certify that, to the best of my knowledge, all information I have provided in my application is true and accurate. The narrative statement is my own work. I understand that providing false information or submitting a narrative not of my own work will result in my application being rejected or, if not discovered until after my appointment as a PBB fellow, in the revocation of my fellow position and my dismissal from the program. I also certify that I have read and understood the eligibility requirements as outlined in the program description.

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Signature Date