



# NATIONAL MIGRANT & SEASONAL HEAD START ASSOCIATION

## Summer Internship Program

### Letter of Confirmation

*To be Completed by the Current Director of the Migrant & Seasonal Head Start Program*

Name of Student: \_\_\_\_\_  
Last First Middle

I, \_\_\_\_\_, as director or in  
Director Name Phone Number

official capacity, certify that the following student, \_\_\_\_\_  
Applicant

attended the \_\_\_\_\_ Migrant or Seasonal Head  
Name of Grantee

Start Program in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Dates of attendance  
City State

were from \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

#### **Disclaimer and Signature**

I certify that answers are true and complete to the best of my knowledge. If this application leads to acceptance into the internship program, I understand that false or misleading information in my application may result in my release.

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_