



## Application Signature Page

My signature below verifies that all information within this application is correct. I understand that if I am selected as an apprentice, I am responsible for abiding by the policies and procedures of my employer as well as the guidelines for the RockATOP Apprenticeship program. Additionally, I give permission for my employer to review my grades to verify that I am maintaining the standards set by this program.

*RockATOP does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs.*

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Student Signature

Date

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Parent Signature

Date

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CDC, Counselor or Administrator Signature

Title

Date