National Academy Foundation Programs
Summer Experience Verification

Office of Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 560-60
June 2012

STUDENT INSTRUCTIONS: Upon completion of the National Academy Foundation Programs (NAF) summer experience, complete this form legibly in blue or black ink. Submit it to the school NAF site coordinator, by the Friday of the first week of school.

STUDENT INFORMATION

Name _____ _____ ___ _____
Last *First* *MI* *ID Number*

Parent/Guardian _____ Phone: Home _____ Work _____

School _____ Grade _____ First Period Teacher _____

Student e-mail address _____

STUDENT REFLECTION: Think about your National Academy Foundation Program summer experience and respond to the following question by attaching a typed essay. *(minimum 250 words)*

How did your summer experience align with your career goals, NAF courses, and college aspirations?

APPROVED NATIONAL ACADEMY FOUNDATION PROGRAMS SUMMER EXPERIENCE SPONSORING ORGANIZATION INFORMATION—To be completed by the sponsor after the summer experience is complete.

Organization _____

Federal Employer Identification # __ __- __ __ __ __ __ __ __ Phone ____-____-____

Address _____
Street *City* *State* *ZIP Code*

E-mail address _____

Activity (described) _____

_____

Record of Summer Experience

Start Date	End Date	# Days	# Hours Per Day (8 in a 24 hour period maximum)	Total # Hours Completed

Summer Experience Sponsor _____ _____
Print Name *Title*

_____ ____/____/____
Signature, Summer Experience Sponsor *Date*

NAF SITE COORDINATOR USE ONLY

1. Verify collection of the following by checking the box
   ☐ Timesheets documenting minimum of 200 hours ☐ Employee evaluation form(s) ☐ Student Resume
2. Check the status of the student
   ☐ NAF Summer Experience (complete for NAF graduate status ☐ NAF Summer Experience incomplete

This document is available in an alternate format, upon request, under the *Americans with Disabilities Act*, by contacting the Public Information Office, at 850 Hungerford Drive, Room 112, Rockville, MD 20850, or by phone at 301-279-3391 or via the Maryland Relay at 1-800-735-2258. Individuals who need sign language interpretation or cued speech transliteration in communicating with Montgomery County Public Schools (MCPS) may contact Interpreting Services in the Deaf and Hard of Hearing Program at 301-517-5539. MCPS prohibits illegal discrimination on the basis of race, color, gender, religion, ancestry, national origin, marital status, socioeconomic status, age, disability, physical characteristics, or sexual orientation. Inquiries or complaints regarding discrimination or Title IX issues such as gender equity and sexual harassment should be directed to the Office of the Deputy Superintendent of Schools at 301-279-3126, via the Maryland Relay at 1-800-735-2258, or addressed to that office at 850 Hungerford Drive, Room 129, Rockville, MD 20850.

DISTRIBUTION: COPY 1/NAF Site Coordinator; COPY 2/Student