

Community Partner Verification Letter

Organization Name:	<Community Partner Name>
Partner Code:	<Subgroup Number>
Partner Liaison:	<Partner Liaison Name>
Applicant Name:	

I attest that the <Client/Student/Member> above is currently affiliated with my organization and is actively enrolled in or has completed the required training program outline below to be eligible for the Bridge Program.

<Training Requirements>

Partner Liaison Signature

Date