

# AFFIDAVIT

STATE OF \_\_\_\_\_,

COUNTY OF \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, being duly sworn deposes and states as follows under penalty of perjury:

1. I am the biological parent, legal guardian, or custodian of the minor children indicated below in paragraph number 3 below.

2. I currently reside at \_\_\_\_\_.

3. I grant \_\_\_\_\_ who resides at

\_\_\_\_\_ the authority and permission to accept, control, direct, and manage Hope Scholarship Funds as an authorized account holder on behalf of my child/children, named below:

- \_\_\_\_\_ age \_\_\_\_\_
- \_\_\_\_\_ age \_\_\_\_\_
- \_\_\_\_\_ age \_\_\_\_\_

4. I understand that I must revoke this authority by submitting a letter in writing to the Hope Scholarship Board of Directors.

5. I hereby swear or affirm that the information above is true, accurate, and complete to the best of my knowledge. No relevant information has been omitted.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Signature]

NOTARY PUBLIC

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_, 20\_\_\_\_.