

AFFIDAVIT

STATE OF _____,

COUNTY OF _____, to-wit:

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

1. I am the custodian¹ of the minor child/children indicated below in paragraph number 3 below.

2. I currently reside at _____.

3. I affirm that I have or share actual physical possession, or care and custody, of the child/children, named below:

- _____ age _____
- _____ age _____
- _____ age _____

4. I affirm that I intend to act on behalf of the minor child/children indicated above in paragraph number 3 as an Authorized Account Holder for the Hope Scholarship Program pursuant to W.Va. Code St. R. § 112-18-5.1.

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]

¹ "Custodian" means a person who has or shares actual physical possession or care and custody of a child, regardless of whether that person has been granted custody of the child by any contract or agreement. W.Va. St. Code § 49-1-204(B).

NOTARY PUBLIC

Subscribed and sworn to before me, this _____ day of _____, 20____.

Notary Seal

Signature of Notary

Notary

My commission expires: _____, 20____.