



Grant Program Affidavit

Applicant's Information:

Student's Name: _____

Date of Birth: _____ Home Address: _____

Phone Number: _____ E-mail address: _____

High School Graduation Date: _____ Medley Move in Date: _____

School Information:

Name of College/University: _____

Degree: _____ Term: _____

Courses: _____

Requirements:

- Must have been a resident twelve (12) months prior to high school graduation
- Must reside in Medley continuously and without interruption
- Must enroll in an academic institution within twelve (12) months of high school graduation
- Residents who have actively served in the United States Armed Forces after graduation from high school must enroll in an academic institution within twelve (12) months from the date of discharge, provided such discharge is in good standing and residents submits proof of enrollment and discharge documentation
- Classes must be taken continuously and without interruption, exemptions made for unforeseen circumstances for up to 12 months.
- Must maintain a minimum of 2.0 term GPA, students whose term GPA falls under 2.0 for any given term will be placed on academic probation. Academic probation is allowed one time during the student's enrollment period.

Eligible Education Programs

- Degrees seeking Associates, Bachelors, or Masters
 - \$200 per course
 - Maximum lifetime benefit of \$8,400.
- Vocational or Certification Programs
 - Onetime payment in the amount up to \$800.

Registration Process

- Grant Affidavit
- Upcoming Schedule
- Unofficial Transcript showing term GPA for the previous semester
- Government Issued ID/License
- In addition to all documentation, 1st time applicants must submit:
 - Introduction letter, that includes a short summary about the student and degree being pursued.
 - Copy of High School Diploma

The Town of Medley is a public entity that is subject to Florida's Public Records Act. As such, most written communications to or from Town officials regarding Town business, including this application, are public records, and are available to the public and media upon request unless the information requested is exempt or confidential under the law. If you believe any of the information provided in this application is exempt from disclosure under the Public Records Act, please indicate it by filling out the information requested below.

I, _____, qualify for an exemption under the Public Records Act because _____, and, as such, I am requesting that the following information be removed from public disclosure in accordance with Florida law: _____

I, _____, certify that the information I have provided is accurate. I understand that all information will be verified and if it is found that I have knowingly provided false information, all Town of Medley services and privileges will be revoked indefinitely for the entire household.

Applicant's Signature _____ Date: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

physical presence or online notarization, this _____ day of _____, _____,
(Date) (Month) (Year)

Personally known:

Produced Identification: _____
(Type of Identification Produced)

Print, Type/Stamp Name of Notary

Signature of Notary Public

FOR OFFICIAL USE ONLY

Affidavit

1st Time Applicant – Introductory Letter

1st Time Applicant – Diploma

Residency Verification: _____

Last Semester GPA & Term: _____

Upcoming Course Schedule & Term: _____

Grant Allocated to Date: _____

Processed by: _____

Notes: _____