

**AFFIDAVIT IN SUPPORT OF RECEIPT
OF TOWN OF MEDLEY FOUNDATION
START-UP PROGRAM GRANT**

COUNTY OF MIAMI-DADE:)
 SS
STATE OF FLORIDA:)

BEFORE ME, the undersigned authority, personally appeared _____ (Affiant), who being over the age of eighteen (18), under oath, deposes and says:

1. Affiant is the natural parent/legal guardian of _____ (hereafter "Child" or "Ward").

2. Affiant is currently, and has been, a legal, verified by way of Florida State issued ID, abona fide permanent resident of the Town of Medley and resides at:

_____,
Medley, Florida, 33166, and has resided continuously at such address since _____.

3. Affiant's above named Child or Ward _____ has resided with the Affiant at the address set forth in paragraph 2. above, continuously and without interruption for the twelve (12) months preceding such Child's or Ward's graduation from High School which graduation date was the _____, and said Child or Ward continues to reside with the Affiant at the Town of Medley address during enrollment in the Start-Up Grant Program and receipt of any grants.

4. Affiant acknowledges that the funds received from the Town of Medley Foundation for its Start-Up Program is a grant in the amount of \$200.00 per class up to a lifetime maximum of \$ 6,400.00. As to Vocational or Certification programs, a onetime payment in the amount of up to \$ 800.00 will be disbursed to qualified residents which shall not be re-payable provided that the Child or Ward receiving such grant continuously meets the following conditions:

A. said Child or Ward is officially enrolled as a student in an academic institution of higher learning within twelve (12) months from the date of high school graduation (unless said Child or Ward is actively enrolled in the United States Armed Forces after high school graduation as set forth in B. below);

B. said Child or Ward is officially and actively enrolled in the United States Armed Forces after high school graduation and enrolls in an academic institution of higher learning within 12 months of the date of discharge, provided such discharge is in good standing and said Child or Ward is not dishonorably discharged. Said Child or Ward shall provide proof of enrollment and discharge from the United States Armed Forces at the time of enrollment in the Start-Up Grant Program and receipts of any grants.

C. said Child or Ward understands that it is his/her responsibility to determine that the acceptance of such grant shall not impair the Child or Ward's ability to obtain other financial aid, grants, or scholarships;

D. that to continue to receive the grant each semester or trimester the Child or Ward must maintain a 2.0 or better grade point average (C or better) for all semesters or trimesters continuously and without interruption following the initial semester of enrollment and continue to be a bona fide resident of the Town of Medley. Academic probation may be allowed one (1) time only during the applicant's enrollment period;

E. that such Child or Ward must continue to be officially enrolled and matriculating towards a two (2) or four (4) year degree only;

F. that the grant funds be used for school related expenses which are hereby defined to mean: tuition; school required fees; books and lab supplies; transportation to and from campus; meals; and any other charges imposed on students attending the institution at which the Child or Ward is enrolled.

5. Affiant acknowledges that should the contents and/or representations of this Affidavit be determined to be false or fraudulent in any way, that, upon written demand, all grants paid by the Town of Medley Foundation to or on behalf of the Child or Ward shall be forthwith due and re-payable to the Town of Medley Foundation by the Affiant and further acknowledges that the failure to re-pay such grant may result in the Town instituting collection procedures, including any legal action that may be necessary to recover the grants paid to or on behalf of the Child or Ward.

6. Affiant, together with the Child or Ward who by his/her signature below affirms that the contents and representations of this Affidavit are true and correct and who further agrees to the re-payment conditions set forth in paragraph 5. above, for themselves individually and jointly. In the event that the payment of such grant shall impair the Child or Ward's ability to obtain other financial aid, grants, or scholarships, Affiant, together with the Child or Ward, understand that the Town of Medley and/or The Town of Medley Foundation shall not be responsible or liable for such impairment or the damages caused thereby. Accordingly, Affiant and the Child or Ward by their signature hereto hereby remise, release, acquit, satisfy, and forever discharge the Town of Medley and/or the Town of Medley Foundation and/or the Mayor of the Town of Medley and/or all other elected officials of the Town of Medley and/or the agents, servants, employees, appointees, legal representatives, and their successors and assigns (hereafter

"Grantors") from any and all manner of action and actions, cause and causes of action, suits, debts, dues, losses, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which said Affiant and Child or Ward ever had, now has, or which any personal representative, successor, heir, assign of said Affiant and Child or Ward, hereafter can, shall or may have, against Grantors, for, upon or by reason of any matter, cause or thing whatsoever specifically including but not limited to the payment of any grant from the Town of Medley Foundation to or on behalf of the Child or Ward, from the beginning of the world to and including the day of execution of this Affidavit and continuing to and including the date of receipt of any grant from the Town of Medley Foundation.

IN WITNESS WHEREOF, the undersigned Affiant joined by the Child or Ward have hereunto set their hands and seals this _____ day of _____, 20____.

AFFIANT

Print Affiant's Name

CHILD OR WARD

Print Child or
Ward's Name

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public
State of Florida at Large

My commission expires: