

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice 325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400

325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400 Fax: 1-850-245-0875 Email: school Choice Information Hotline: 1-800-447-1636



Workforce Education Scholarship Pilot Program Warrant Authorization

AFFIDAVIT

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STATE OF FLORIDA COUNTY OF	
Before me this day personally appeared	, who being duly sworn,
attests that the signature below is his or her true and co	orrect signature and is the signature that will be used to endorse
warrants issued on behalf of	(Name of Student), under the Workforce
Education Scholarship Pilot Program.	
	(SIGNATURE)
Sworn to (or affirmed) and subscribed before me this	day of, 20, by
	(Student □ Parent □)
Personally Known ☐ Or Produced Identification ☐	
Type of Identification Produced	
NOTARY SEAL	
	(SIGNATURE OF NOTARY)
	(PRINTED NAME OF NOTARY)
Student/Parent's Address	
Student/Parent's Home Telephone	Student/Parent's Work Telephone
Please review the statutory student responsibilities pursulimited to:	uant to Section 1004.935, Florida Statutes, which include, but are no
Eligible students must be at least 22 years of age, and have n	not reached the age of 30 years.
Any student participating in the program must be currently red high school graduation requirements in s. 1003.428, F.S., and	ceiving instruction from an instructor in the participating school to meet the must not have a standard or special diploma.
Each student participating in the program must be receiving s	upported employment services from an approved provider.
	de must restrictively endorse the warrant to the provider of supported der. The student or parent may not designate any entity or individual

associated with the provider of supported employment services as the parent's attorney in fact to endorse a scholarship warrant.