



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
WORKFORCE DEVELOPMENT EDUCATION**

Emergency Financial Aid Grants to Students under Section 18004 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act

**STUDENT AFFIDAVIT**

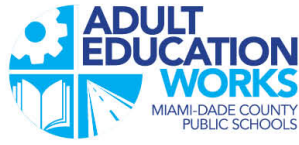
The English Center  
3501 S.W. 28 Street  
Miami, FL 33133-2703

Dear Student:

Before signing below, please read the following paragraphs carefully and in their entirety.

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ who being duly sworn by me deposes and sates as follows:

1. My name is \_\_\_\_\_.
2. I am over the age of 18 and fully competent to make this affidavit. I am of sound mind, capable of making this affidavit and personally acquainted with the facts herein stated. The facts stated herein are true and correct and are based on my personal knowledge.
3. I fully understand and agree to the following: That only students who are or could be eligible to participate in programs under Section 484 in Title IV of the Higher Education Act of 1965, as amended (HEA), may receive emergency financial aid grants. If a student has filed a Free Application for Federal Student Aid (FAFSA), then the student has demonstrated eligibility to participate in programs under Section 484 of the HEA. Students who have not filed a FAFSA but who are eligible to file a FAFSA may also receive emergency financial aid grants. **The criteria to participate in programs under Section 484 of the HEA include, but are not limited to the following:**
  - **U.S. citizenship or eligible noncitizen;**
  - **a valid Social Security number;**
  - **registration with Selective Service (if the student is male); and**
  - **a high school diploma, GED, or completion of high school in an approved homeschool setting.**



4. I do hereby swear or affirm, that I am eligible to participate in programs under Section 484 in Title IV of the Higher Education Act of 1965, as amended (HEA), and that I meet every requisite condition of the eligibility criteria listed above to receive the emergency financial aid grant. I understand that a false statement in this affidavit will subject me to penalties pursuant to § 837.06, Florida Statutes, and that a false statement in this affidavit may subject me to the penalties for making a false or fraudulent statement.

I DECLARE under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE

STATE OF FLORIDA        )  
COUNTY OF MIAMI-DADE )

Sworn to or affirmed and signed before me on \_\_\_\_\_, 2020 by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_ Personally known

\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_