



Affidavit

State of _____

County of _____

I, _____, an authorized agent of _____
Name of authorized agent Name of School

located at _____ do hereby swear under oath that
Address

_____ will comply with all laws, rules, and regulations required
Name of School

to participate as a "Qualifying School" under the Utah State Special Needs Opportunity Scholarship Program and in cooperation with the Children First Education Fund, a Scholarship Granting Organization recognized through an agreement with the Utah State Board of Education.

DATED this _____ day of 20_____.

Signature

Printed Name