

## **Residency Affidavit**

The purpose of this document is to confirm that the below-named scholar meets the Denver residency requirement for their scholarship organization to receive reimbursement funding from Prosperity Denver Fund.

Scł	nolar First and Last Name:
Da	te of Birth:
De po live	under the age of 26, a student <u>must</u> have 1) graduated from a high school in enver or 2) lived in Denver for six months prior to their first scheduled stsecondary class day. If between 26 and 30 years of age, a student must have ed in Denver for six months prior to their first scheduled postsecondary class
da	y.
1)	For scholars under 26 years of age only: I confirm that I graduated from the following high school in Denver.
	High School Name:
	High School Address:
	Graduation Date:
	If not applicable, please complete section 2 on the next page.



**2) For all eligible ages:** I confirm that I resided in the City and County of Denver for at least six (6) months prior to beginning postsecondary education. I lived at the following address(es) during the specified period(s):

following address(es) during the specified period(s):
Address 1 From Date (MM/YYYY): To Date (MM/YYYY):
Street Address 1:
City: State: Zip Code:
Address 2 From Date (MM/YYYY): To Date (MM/YYYY):
Street Address 2:
City: State: Zip Code:
By signing below, I authorize my scholarship organization to release the information specified in this document to Prosperity Denver Fund. I confirm that information provided above is accurate to the best of my knowledge.
Signature of Scholar:
Signature Date: