



# PROSPERITY DENVER FUND

## Residency Affidavit

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

**Learner First and Last Name:**

**Date of Birth:**

**Training Provider:**

If 25 or under, a learner ***must*** have 1) graduated from a high school in Denver or 2) lived in Denver for six months prior to their first scheduled postsecondary class day. If between 26 and 30 years of age, a learner must have lived in Denver for six months prior to their first scheduled day of training.

**1) For learners 25 years of age and under 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.*

**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):

**Address 1**

From Date (MM/YYYY):

To Date (MM/YYYY):

Street Address 1:

City:

State:

Zip Code:



# PROSPERITY DENVER FUND

***Address 2***

From Date (MM/YYYY):

To Date (MM/YYYY):

Street Address 2:

City:

State:

Zip Code:

By signing below, I authorize my training provider to release the information specified in this document to Prosperity Denver Fund. I confirm that the information provided above is accurate to the best of my knowledge.

Signature of Learner

Signature Date

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