



**AFFIDAVIT OF ELIGIBILITY, ACCEPTANCE OF CONDITIONS  
AND LIABILITY/PUBLICITY RELEASE**

Name of Child \_\_\_\_\_

Child Date of Birth \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

I submit this Affidavit with the understanding that it is being relied upon to confirm my and/or child's eligibility to receive a prize in the **Dade County Federal Credit Union Scholars Who Serve Award Scholarship Contest**.

I affirm and represent that I have not committed fraud or deception in entering my child into the **Scholars Who Serve Scholarship Contest** or claiming any prize. I am unaware of any reason why my child should not be entitled to accept the prize to be awarded to them.

I further state that I am not an employee, or immediate family member, or an employee of, **Dade County Federal Credit Union** or any of their affiliates.

I understand the prize is **\$1,500** deposited into my child's Dade County Federal CU account.

**Consent Statement:**

I hereby give my full permission and consent for my child to participate in and submit an entry to the Scholarship Contest. I confirm that:

- My child meets the eligibility requirements for the contest (including age).
- All information provided in the contest entry is true and accurate to the best of my knowledge.
- I have read and agree to the official contest rules and terms.
- In the event my child is selected as a winner or recipient, I authorize the release of their name, likeness, and entry details for announcement, promotion, and publicity purposes related to the contest, in accordance with the contest rules.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date