

**2021-2022 AAA-FLORIDA Gardiner Scholarship Program**

**NOTARIZED SWORN COMPLIANCE STATEMENT**

I \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, the Student, swear under oath and affirm that:

1. The student is enrolled in a program that meets regular school attendance requirements as provided in s. 1003.01(13)(b)-(d).
2. The program funds are used only for authorized purposes serving the student's educational needs, as described in s. 1002.385(5).
3. I am responsible for the education of my student by, as applicable:
  - a. Requiring the student to take an assessment in accordance with s. 1002.385(8)(b);
  - b. Providing an annual evaluation in accordance with s. 1002.41(1)(f); or
  - c. Requiring the child to take any pre- and post-assessments selected by the provider if the child is 4 years of age and is enrolled in a program provided by an eligible Voluntary Prekindergarten Education Program provider. A student with disabilities for whom a pre- and post-assessment is not appropriate is exempt from this requirement. A participating provider shall report a student's scores to the parent.
4. The student remains in good standing with the provider or school if those options are selected by me.
5. All the information provided in this application and all supporting documentation is true, correct and complete. I understand that intentional misrepresentation could result in the scholarship being denied or revoked.

In addition, I agree to and understand that:

- (a) I must file an application for initial program participation with an organization by the deadline dates.
  - (b) I must notify the school district that the student is participating in the Gardiner Scholarship Program if I choose to enroll the student in a home education program as provided in s. 1002.41. This notification is not in lieu of the required notification I must submit to the district when establishing a home education program pursuant to s. 1002.41(1)(a).
  - (c) I must enroll my child in a program from a Voluntary Prekindergarten Education Program provider authorized under s. 1002.55, a school readiness provider authorized under s. 1002.88, or an eligible private school if either option is selected by me.
  - (d) I must annually renew participation in the program. Notwithstanding any changes to the student's IEP, a student who was previously eligible for participation in the program shall remain eligible to apply for renewal. However, for a high-risk child to continue to participate in the program in the school year after he or she reaches 6 years of age, the child's application for renewal of program participation must contain documentation that the child has a disability defined in s.1002.385 (2)(d) other than high-risk status.
  - (e) I am responsible for procuring the services necessary to educate the student. If I do not procure the necessary educational services for the student and the student's account has been inactive for 2 consecutive fiscal years, the student is ineligible for additional scholarship payments until the scholarship-funding organization verifies that expenditures from the account have occurred. When the student receives a Gardiner Scholarship, the district school board is not obligated to provide the student with a free appropriate public education. For purposes of s. 1003.57 and the Individuals with Disabilities in Education Act, a participating student has only those rights that apply to all other unilaterally parentally placed students, except that, when requested by the parent, school district personnel must develop an individual education plan or matrix level of services.
  - (f) I am responsible for the payment of all eligible expenses in excess of the amount of the Gardiner Scholarship in accordance with the terms agreed to between me and the providers.
  - (g) I may not transfer any prepaid college plan or college savings plan funds contributed pursuant to s. 1002.385(5)(f) to another beneficiary while the plan contains funds contributed pursuant to this section.
  - (h) I may not receive a payment, refund, or rebate from an approved provider of any services under this program.
  - (i) I may not bill an insurance company, Medicaid, or any other agency for the same services that are paid through the Gardiner Scholarship.
  - (j) I agree to follow the rules and responsibilities for parents as they apply to the program, as set forth in the AAA Parent & School Handbook available at [www.aaascholarships.org/florida/parents](http://www.aaascholarships.org/florida/parents).
  - (k) I may not sale for personal gain any products purchased by the Gardiner Scholarship Program.
- If I fail to comply with the above, I will forfeit the Gardiner Scholarship.

\_\_\_\_\_  
Signature of Parent (NO Electronic Signatures will be accepted)

State of Florida, County of \_\_\_\_\_. Sworn and subscribed before me by means of  physical presence or  online notarization this \_\_\_\_ day of \_\_\_\_\_ 2021 by \_\_\_\_\_ who has produced \_\_\_\_\_ or who is personally known to me.

Notary Public Signature \_\_\_\_\_ Print Name \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_ (Seal)

**Mail or email All Pages of the Completed Application and Required Documentation to:**

**AAA Scholarship Foundation  
P.O. Box 15719 Tampa, FL 33684-5719  
Email: [aaagardiner@aaascholarships.org](mailto:aaagardiner@aaascholarships.org)**