



FLORIDA STATE
FRATERNAL ORDER
OF POLICE

FLORIDA STATE LODGE

DECLARATION

_____ does hereby submit this Declaration pursuant to Florida Statute 92.525(2), and states as follows:

1. I am offering this Declaration voluntarily and based on my own personal knowledge.
2. I swear or affirm that all statements made when applying for scholarship funds from the Florida State Fraternal Order of Police are true and correct to the best of my knowledge.
3. All supporting documentation that I, or anyone on behalf of me, provided to the Florida State Fraternal Order of Police regarding this scholarship application are factual and true.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING SCHOLARSHIP APPLICATION & SUPPORTING DOCUMENTATION AND THAT THE FACTS STATED IN IT ARE TRUE.

Applicant's Signature

Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this ____ day of _____, 20____, by _____.

Notary Public's Signature: _____

Name of Notary:
(Printed or Stamp)

Personally Known ____ OR Produced Identification ____ Type of Identification Produced _____

Certification by Local FOP Lodge President or designee

I hereby certify that applicant is the dependent son, daughter, grandson, or granddaughter of an active member in good standing with our FOP Lodge.

Signature: _____

Print Name: _____

Title or Board Position: _____

Lodge Name and Lodge #: _____

 State Lodge: 800-873-3671
Labor Council: 888.485.0351
Fax: 800.873.3670

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