

DATE: _____, 2026

TO: Educational Federal Credit Union (EDFED)
Attn: Scholarship Desk
7780 SW 117th Avenue, Suite 118, Miami, FL 33183

RE: **CONFIRMATION LETTER for the 2026 Hubert O. Sibley
2 + 2 Florida Prepaid Tuition Scholarship Plan
Deadline February 27, 2026**

FROM: **CAP Advisor/Guidance Counselor/Registrar**

The required information as requested on the “Official Rules” for the Hubert O. Sibley 2 + 2 Florida Prepaid Tuition Scholarship Plan applicant is listed in the next paragraph. This information has been personally confirmed by me.

This letter is confirmation that _____ is currently
attending _____ and will graduate with a standard high school
diploma at the end of the current 2025/2026 academic school year (June 2026).

If you have questions, please do not hesitate to contact me at _____ or via
e-mail at _____.

Sincerely,

**[CAP ADVISOR/GUIDANCE COUNSELOR/REGISTRAR SIGNATURE
(sign in ink or stamped)]**

Note to CAP Advisors, Registrars and/or Counselors: Please fill in all the required highlighted areas above. **The Confirmation letter must be printed on letterhead and signed in ink or stamped.** Missing information will result in an incomplete application, and the application will not be considered.