**ANEXO V – DECLARAÇÃO QUE RESIDE NO MARANHÃO**

Eu,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, inscrit(o)a no CPF sob o nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,com endereço no(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,CEP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_, município de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, venho por meio desta declarar, para fins de inscrição, no programa Bolsa Atleta, que resido no Estado do Maranhão, conforme exigências com base na Lei Estadual nº 11.010, de 24 de abril de 2019.

São Luis, de \_ de 2025.

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Assinatura do Atleta

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Assinatura do Responsável de menor de idade