



# Arkansas Department of Education

*Transforming Arkansas to lead the nation in student-focused education*

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## Succeed Scholarship Program Annual Student Certification

I, \_\_\_\_\_ certify, on behalf of my child/ward \_\_\_\_\_, that my child/ward intends to maintain enrollment in a private school eligible to participate in the program in order to continue the disbursement of scholarship payments. My child/ward was enrolled at the \_\_\_\_\_ School during the \_\_\_\_\_ school year. My child/ward will continue to be enrolled at the \_\_\_\_\_ School during the \_\_\_\_\_ school year. The continuation of the scholarship approval beyond the current school year is contingent upon available funding.

Signature

Date