



Arkansas Department of Education

Transforming Arkansas to lead the nation in student-focused education

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.

Signature

Date