



2018-2019  
Application  
for  
Succeed Scholarship  
Program (Student)

Please indicate whether you are applying for:

Full school year

Spring Semester



# Succeed Scholarship Program

## Student Application

Complete this form and return to the Arkansas Department of Education no less than sixty-five (65) days prior to the date the first scholarship payment is due.  
(PLEASE TYPE OR PRINT CLEARLY)



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### Section A: Student Personal Information

Last Name

First Name

Date of Birth

SSN

Address

City

State

Zip



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### Section B: Parent/Guardian Personal Information

Last Name

First Name

Phone

Email

Check here if parent/guardian address is the same as student's address.

If different, please provide parent/guardian address:

Address

City

State

Zip



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### Section C: Student Enrollment Verification

(Type your initials within the box next to your selection. Choose one.)

1. I verify that my child/ward is **currently** enrolled in a public school and has attended public school for at least the one (1) full school year immediately prior to the school year for which the scholarship payments would be disbursed. Proof of enrollment for the **entire school year** is attached. (Ex. attendance records or letter from school district, report card)

Name of School District:

Type of Proof Submitted:

2. I have been approved for a waiver of the one (1) year enrollment requirement. The waiver signed by the resident school district superintendent is attached.
3. I verify that my child/ward is a dependent of an active service member of any branch of the United States Armed Forces, to whom this enrollment requirement does not apply and I am submitting as an attachment, proof of active duty status.

Active Duty Member:

Type of Proof Submitted:

4. This is a reapplication for a new school.

Name of Previous Private School:

Name of New Private School:



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### **Section D: Individualized Education Program (IEP) Verification**

(Type your initials within the box next to your selection. Choose one.)

1. I verify that my child/ward is currently enrolled in a public school and has a current IEP in accordance with the Individuals with Disabilities Education Act, 20 U.S.C. 1400 *et seq.*
2. I verify that my child/ward had an IEP at the last public school they were enrolled in:  
Name of Last Public School District Attended:  
Date of Last Enrollment in Public School:
3. I verify that my child/ward is exempt from the IEP requirement because he/she is in the care of a group home or group facility.

Proof of Exemption:



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### **Section E: Private School Acceptance Verification**

(Type your initials within the box next to your selection. Choose one.)

I verify that my child/ward has been admitted into a private school that is eligible to participate in the Succeed Scholarship Program. Proof of acceptance is attached.

Name of Private School:

Type of Proof Submitted:



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## Section F: School District Notification Affirmation

(Type your initials within the box next to your selection(s).)

1. I affirm that I will notify my child's/ward's current and resident school district(s) of this request for a scholarship within five (5) days of submitting this application.
2. My child/ward has been accepted for admission into the above-named private school upon the availability of space, and I will notify his/her current and resident school district(s) at least sixty (60) days before he/she enrolls in the private school and thereby becomes eligible for scholarship payments for attending that private school.
3. My child/ward has previously participated in the Succeed Scholarship Program.



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## Section G: Other Affirmations

(Please initial each statement to acknowledge that you have read and understand each affirmation.)

1. I affirm that I will fully comply with the parental involvement requirements of the above-named private school unless excused by the school for illness or other good cause.
2. I affirm that I have signed a waiver that releases the State of Arkansas from any legal obligation to provide services or education to my child/ward except for funding provided through this program. The signed waiver is attached.
3. I affirm that I have signed a waiver that releases the resident school district from any legal obligation to provide services or education to my child/ward. The signed waiver is attached.
4. I affirm that I will notify the State Board of Education or the State Board of Education's designee if my child/ward ceases to be enrolled in or regularly attend the above-named private school for any reason.
5. I affirm that I will annually certify my child's/ward's intent to maintain enrollment with the Arkansas Department of Education in the above-named private school *in order to continue the disbursement of scholarship payments.* (Certification must be submitted by August 1st of the upcoming school year.)



## Section H: Written Acknowledgements

Please read the following carefully and initial within the box below each paragraph:

1. Pursuant to the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1412(a)(10)(A), a child with a disability placed by his or her parent(s) or legal guardian(s) in a private school does not have an individual right to receive special education and related services that the child/ward would receive if enrolled in a public school.

I understand and acknowledge the foregoing statement.

2. Public schools are not required to provide a free appropriate public education to students with disabilities enrolled by their parent(s) or legal guardian(s) in a private school.

By enrolling my child/ward in a private school, my child/ward and I are no longer entitled to the procedural safeguards granted by IDEA, including notice and discipline procedures.

I understand and acknowledge the foregoing statement.

3. By enrolling my child in a private school, I understand that neither I nor my child/ward has the right to file a state complaint, except for child find, 20 U.S.C. § 1412(a)(10)(A).

I understand and acknowledge the foregoing statement.

4. By enrolling my child in a private school, I understand that neither I nor my child/ward has the right to a due process hearing for alleged violations of IDEA, except for child find, 20 U.S.C. § 1412(a)(10)(A).

I understand and acknowledge the foregoing statement.

5. I understand that all schools participating in the Succeed Scholarship Program may not be accredited by the State Board of Education or another accrediting association approved by the State Board of Education.

I understand and acknowledge the foregoing statement.

6. I have read the foregoing explanation of rights. I fully understand its terms.

I understand and acknowledge the foregoing statement.

7. I further understand that I am giving up substantial rights by signing below.

I understand and acknowledge the foregoing statement.

8. I sign and submit this application freely and voluntarily, without inducement, assurance or guarantees being made to me.

I understand and acknowledge the foregoing statement.

*By typing my full name in the signature line below, I understand that I am signing this application electronically. I further understand and agree that my electronic signature is the legal equivalent of my handwritten signature on this application.*

Signature:

Date:

(TYPE OR SIGN YOUR FULL NAME HERE)

EMAIL COMPLETED APPLICATIONS TO:

ade.succeedscholarship@arkansas.gov

OR

Mail COMPLETED APPLICATIONS TO:

Arkansas Department of Education

1401 W. Capitol Ave., Suite 450

Little Rock, AR 72201



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## Application Completion Checklist

(Incomplete applications will be denied.)

Proof of Enrollment Attachment  
Proof of Public School Enrollment  
OR

Superintendent Waiver of Enrollment

Link to Superintendent Waiver - <https://arksped.k12.ar.us/documents/policyAndRegulations/SucceedScholarship/SampleEligibilityWaiverfromResidentSuperintendent.pdf>

OR

Proof of Active Duty Service Attachment

Proof of Private School Acceptance Attachment

Signed State Waiver Attachment

Link to State Waiver - <https://arksped.k12.ar.us/documents?policyAndRegulations/SucceedScholarship/SucceedScholarshipProgramWaiverForm-State.pdf>

Signed Resident District Waiver Attachment

Link to Resident Waiver - <https://arksped.k12.ar.us/documents/policyAndRegulations/SucceedScholarship/SucceedScholarshipProgramWaiverForm-ResidentDistrict.pdf>

Initialed Blocks: Section H (1-8)

Electronic/Written Signature

# SUCCEED SCHOLARSHIP PROGRAM WAIVER FORM

## RESIDENT SCHOOL DISTRICT

(Do not modify/revise form)

Arkansas Code Annotated § 6-41-704, requires that parents and guardians of students participating in the Succeed Scholarship Program sign a waiver acknowledging that the resident school district is under no obligation to provide services or education to their children except for services that may or may not be provided to other private school students as part of the district's regular obligations under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 *et seq.* during the time the parent or guardian chooses to enroll their children in private school.

By my signature below, I hereby certify and agree as follows:

- 1) I am the parent or legal guardian of the child(ren) listed below.
- 2) I have fully read and understand the terms of this waiver.
- 3) As of the date I sign this waiver, I hereby acknowledge that the resident school district is under no obligation to provide services or education to the child(ren) listed below except for services that may or may not be provided to other private school students as part of the district's regular obligations under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 *et seq.* during the time I choose to enroll my child(ren) in private school.

**Please print clearly and legibly. Give student's Legal Name.**

STUDENT FIRST, MIDDLE, & LAST NAME	DATE OF BIRTH

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Address:**

\_\_\_\_\_  
 Street and/or Route Number

\_\_\_\_\_  
 City, State ZIP

\_\_\_\_\_  
**Date**

**Phone:**

\_\_\_\_\_  
 Day Phone (Include Area Code)

\_\_\_\_\_  
 Night Phone (Include Area Code)



# SUCCEED SCHOLARSHIP PROGRAM WAIVER FORM

STATE OF ARKANSAS  
(Do not modify/revise form)

Arkansas Code Annotated § 6-41-704, requires that parents and guardians of students participating in the Succeed Scholarship Program sign a waiver acknowledging that the State of Arkansas is under no obligation to provide services or education to their children except for funding provided specifically for the Program during the time the parent or guardian chooses to enroll their children in private school.

By my signature below, I hereby certify and agree as follows:

- 1) I am the parent or legal guardian of the child(ren) listed below.
- 2) I have fully read and understand the terms of this waiver.
- 3) As of the date I sign this waiver, I hereby acknowledge that the State of Arkansas is under no obligation to provide services or education to the child(ren) listed below except for funding provided specifically for the Succeed Scholarship Program during the time I choose to enroll my child(ren) in private school.

**Please print clearly and legibly. Give student's Legal Name.**

STUDENT FIRST, MIDDLE, & LAST NAME	DATE OF BIRTH

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Address:**

**Phone:**

\_\_\_\_\_  
Street and/or Route Number

\_\_\_\_\_  
Day Phone (Include Area Code)

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Night Phone (Include Area Code)

[To be submitted on district letterhead]

Pursuant to Ark. Code Ann. § 6-41-802(a)(1), I hereby waive the requirement that

\_\_\_\_\_ be currently enrolled in  
(STUDENT NAME)

a public school and have attended public school for at least one (1) full academic year for eligibility in the Succeed Scholarship Program.

\_\_\_\_\_  
Superintendent of the Student's Resident School District