

[Licensed Physician Letterhead]

[CHILD'S NAME] has been diagnosed as a child with a disability under IDEA, specifically [1 of 13 category options], in accordance with 20 U.S.C. § 1401(3)(A). Their parent/guardian [PARENT NAME] has requested this letter as proof to apply for the Succeed Scholarship.

I acknowledge by signing below that this is a true and accurate statement of diagnosis.

[Licensed Physician Signature]