**CAPED Scholarships**

**DISABILITY CERTIFICATION FORM**

**Applicants:** Please complete the “To be completed by student” section of this form and submit it to your campus disability support office for signature. Once completed and signed, attach this form to your online application as instructed in the CAPED Scholarships application instructions.

**Campus Disability Support Office:** Please complete the “To be completed by campus disability support office” section of this form. For questions, please contact [CAPED.Scholarship.Committee@gmail.com](mailto:CAPED.Scholarship.Committee@gmail.com)

**TO BE COMPLETED BY STUDENT:**

|  |  |
| --- | --- |
| **Student Name:** | Click or tap here to enter text. |
| **Student ID:** | Click or tap here to enter text. |
| **College/University Attending:** | Click or tap here to enter text. |

**I,** Click or tap here to enter text.**(student’s full name) authorize the release of information on this form to the California Association for Postsecondary Education and Disability (CAPED) for the purpose of CAPED Scholarships. I acknowledge that this authorization expires one year from the date listed below.**

**Student Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** Click or tap to enter a date.

**TO BE COMPLETED BY CAMPUS DISABILITY SUPPORT OFFICE:**

**Student’s verified disability:** Click or tap here to enter text.

***Please be specific as some scholarships are only open to certain disability categories***

**Specialized Scholarship Requirements:**

|  |  |
| --- | --- |
| **College Access & Success Scholarship**  **requires an IDD/ASD disability** | **Does student meet this criteria? Yes  No** |
| **Dick Griffiths Memorial Scholarship requires Learning Disability in Math** | **Does student meet this criteria? Yes  No** |
| **Susan Bunch Memorial Scholarship requires any Learning Disability *(does not include Autism, Mental Health, or IDD)*** | **Does student meet this criteria? Yes  No** |

**As a certificated employee of the campus disability support office, I certify that the above information is correct according to our records.**

**Print Name:** Click or tap here to enter text. **Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** Click or tap to enter a date.