



## Certification of Learning Disability, Disorder or Related Challenges

Please have the following certification form completed by a qualified professional in the field of disability services, special education, medicine, or psychology. The certifier must be a certified, specialized, or recognized expert who attests to a challenge affecting one or more of the key processes related to learning.

The following are examples of qualified professionals who may certify an applicant: If you have questions about who is a qualified certifying professional, contact us at [scholarships@thendalliance.org](mailto:scholarships@thendalliance.org).

- Disability Services or Special Education Administrator, Educator, Specialist or Similar
- Speech-Language Pathologist, Vocational Rehabilitation Counselor, or Similar
- Neurologist, Psychologist, Psychiatrist, or Similar

*Note: Principals, teachers, librarians, guidance counselors and parents are not typically qualified certifiers unless they have specialized backgrounds in the field of disability services, special education, medicine or psychology.*

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### Certifier Information & Statement

(This Section to Be Completed by Certifying Professional)

**Scholarship Recipient Name:** \_\_\_\_\_

The above-named individual is a recipient for the Neurodiversity Scholarship, which requires proof of an identified learning disability, disorder, or related challenge, such as Dyslexia, ADHD, Autism, Processing Disorders, Executive Functioning, or other challenges with one or more processes related to learning.

- Name of Certifying Professional: \_\_\_\_\_
- Title/Profession: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, you attest to the above-named applicant's challenges affecting one or more of the key processes related to learning. You also attest to your competency to make this certification.

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