





Scholarship Application Documentation Examples

Ineligible Documentation Examples:

1. IEPs or evaluations done by school facilities.
 - a. This includes evaluations done by school psychologists.

Individual Education Plan   **IEP**

REASON FOR DEVELOPING THE IEP

Student identified as exceptional by IPRC Student not identified by IPRC but requires special education program/services, including accommodations and/or modified/alternative learning expectations

STUDENT PROFILE

Name: _____ Date of Birth: _____
Student OEN: _____
School: _____ Semester: _____
Principal: _____ Current Grade: _____ Special Education Class: _____ School Year: _____
Most Recent IPRC Date: _____ Date Annual Review Waived by Parent/Guardian: _____
Exceptionality: _____
IPRC Placement Decision: _____

ASSESSMENT DATA

List relevant educational, medical/health (hearing, vision, physical, neurological, psychological, speech/language, occupational, physiotherapy, and behavioral) assessments.

Information Source	Date	Summary of Results

Relevant Medical Conditions Yes (list below) No

Health Support Services/Personal Support Required Yes (indicate type below) No

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2. Letters from a therapist or social worker.
a. *Exceptions include therapists who are also practicing licensed audiologists, ophthalmologists, or psychologists.*

[THERAPY PROVIDER NAME]

11/27/2023

To whom this may concern,

On [REDACTED] I began seeing [REDACTED] for behavioral therapy. At this time, he was diagnosed with Childhood Emotional Disorder, unspecified. Since continuing seeing [REDACTED] this diagnosis has fit and has not changed. He recently had a Treatment Plan Review in which he was formally diagnosed with Childhood Emotional Disorder. In addition, [REDACTED] shows signs and symptoms of ADHD and potentially OCD. [REDACTED] would greatly benefit from Speech Therapy, which may help his symptoms of Childhood Emotional Disorder and general outbursts. Please do not hesitate to reach out for further documentation or discussion. [REDACTED]
[REDACTED] Thank you for your consideration.

Best,

 [REDACTED] LLMSW  
Therapist 

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Eligible Documentation Examples:

1. A note from your doctor or pediatrician clearly listing the medical diagnosis. The letter is signed and dated.



HOLLAND PEDIATRIC ASSOCIATES, PLC

926 Washington Ave., Building C • Holland, MI 49423 • www.hollandpediatrics.com • P: 616.393.0166 • F: 616.393.0167

03/09/26

[REDACTED]

To Whom It May Concern:

[REDACTED] was seen at Holland Pediatric Associates, PLC on 12/10/2025 and is under my care.



[REDACTED] is under my care and has a diagnosis of Mixed receptive-expressive language disorder and Phonological Disorder. Please contact my office with any questions or concerns.

Sincerely,

[REDACTED]



Jeanne R. Poel, M.D.
Holland Pediatric Associates, PLC

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2. An evaluation report listing the diagnosing psychologist's name and the diagnosis.



CONFIDENTIAL NEUROPSYCHOLOGICAL EVALUATION

Patient Legal Name: [REDACTED]

[REDACTED]

[REDACTED]



Neuropsychologist: Jennifer Maurer, Psy.D.

REASON FOR REFERRAL: [REDACTED]

[REDACTED]



RESULTING DIAGNOSIS:

- Autism Spectrum Disorder, Level 1, with Pathological Demand Avoidance profile (F84.0)
- Major depressive disorder, recurrent, moderate (F33.1)
- Anxiety not otherwise specified (F41.9, thought to be related to above)
- Attention Deficit Hyperactivity Disorder, Other Type (secondary to above, predominantly related to executive functioning deficits associated with autism)

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3. An after visit summary or well-child summary listing the doctor's name and the diagnosis.



AFTER VISIT SUMMARY



Corewell Health General Pediatrics - Grand Haven 616-935-6300

Instructions from Dr. Lindsay Fox

Your personalized instructions can be found at the end of this document.




Outpatient Referral to Pediatric Behavioral Health

Where: THE SHORELINE CENTER
Phone: 616-935-7606
Expires: 12/11/2025 (requested)
Shoreline Center in Grand Haven ABA therapy for ASD

Today's Visit



You saw Dr. Lindsay Fox . The following issues were addressed:

- Encounter for routine child health examination without abnormal findings
- Encounter for dietary counseling and surveillance Exercise counseling
- Body mass index, pediatric, 5th percentile to less than 85th percentile for age
- Autism spectrum disorder with accompanying language impairment, requiring very substantial support (level 3) (HHS-HCC)



Please note: other documents including the name of the licensed doctor, physician, or clinical psychologist alongside the medical diagnosis will be accepted. The images above are examples to help you view what credentials we are looking for.

End