



Donald L. Henry, II Memorial Scholarship

Donald II, a dedicated son, brother and student. Donald II, attended Coral Reef Senior High School, he loved and play basketball. Everyone who met Donald II, love him and he love everyone. Donald II, was an honor student and received numerous scholarships for college. Donald love working with the children, he believe that all children should have a chance at a great education. This scholarship is in loving memory of Donald; it is to help eligible children whom would not otherwise have the opportunity to attend preschool due to financial hardship.

Scholarship Goals:

1. To further our founding mission of providing for the young children in our community, a superior learning opportunity within a stimulating and loving environment.
2. To help ensure economic and social diversity within the student body.
3. To. Provide preschool experience for children whose family cannot afford full tuition fees.

Scholarship Recipient Responsibilities:

Scholarship families are asked to full fill all things outlined in His Loving Hands Parent Handbook.

Scholarship Terms and Conditions:

1. Parents must take part in all school fund raisers.
2. Parents must pay their part of the tuition on time. Any tuition not paid on time will cause you to lose scholarship.
3. Parents must donate every other month paper goods to class, (wipes & Kleenex).
4. Parents must be willing to assist teacher when able.

Donald Lee Henry, II Scholarship Application

All parts of this application must be completed in order to be considered for scholarship.

Scholarship is based on family financial income and hardships.

Date: _____

Name of Child: _____ Date of Birth: _____

Family Address: _____

Telephone: _____ email: _____

Is the child currently attending preschool? If yes, where? _____

Parents (Circle with whom child is living) Father Mother Guardian

Name/Address of employer: _____

Phone of employer: _____ Position: _____

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Estimated yearly family income:

Amount: _____ Source: _____

How much tuition do you feel your family can contribute each month? You must enter a dollar amount. \$ _____

Please describe special financial circumstances affecting the family budget.

List all members living in house hold:

Name: _____	Age: _____

Please read and understand all agreements and requirement for scholarship for which you are applying.

I hereby certify that all of the information is true and correct. In addition, I understand His Loving Hands may verify any and all information on this application.

Signature of Parent(s) or (Guardian(s):

Sign: _____

Date: _____

The information on this form will be kept confidential and used only for the purpose of determining scholarship assistance.

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His Loving Hands admits students of any race, color, and national or ethnic origin.