



Warrior Hearted

SPECIAL CHILDREN'S FOUNDATION

Warrior Hearted Special Children's Foundation provides scholarship funding for programs or services for children who have special needs. The Board of Directors reviews application submitted by individual parents on behalf of their child. Our funds are limited and scholarship awards cannot exceed \$500, so that we may serve a greater number of children.

Scholarships are awarded to legal residents of Los Angeles and Orange Counties who have a limited financial resources or special circumstances that are compelling. We will notify you of our decision within 60 days of receipt of this application.

Note: We can only award scholarships if funds are available. See complete Scholarship Guidelines prior to completing the application. Please Email/ or print and mail the form and supporting documentation back to our office for consideration.

BACKGROUND INFORMATION		
Name:		
Street Address:		
City:	State:	Zip Code:
Email:	Phone: ()	

CHILD INFORMATION			
Child's Name:		Age:	Date of Birth:
Grade:	School:		District:
Medical Diagnosis:			
Name of medical professional making diagnosis:			
Does your child have a current: _____ IEP _____ 504		If so, of IEP or 504:	
If your child receives school district services, please list (i.e. speech, OT):			
Is your child a Regional Center client? If so, which Regional Center?		Is your child covered by insurance? If so, which insurance company?	



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SCHOLARSHIP REQUEST

Describe the special financial or other circumstances you would like us to consider in your request and how this will make a significant impact on the child: **(Please use additional paper for your reply)**

Describe service program you are asking Warrior Hearted to fund:

How will this impact your child outside the educational setting?

What is the name of service provider or program vendor?

When will the service or program take place?

What is the amount you are requesting?
(not to exceed \$500.00)

Vendor or service provider's phone number:

Vendor / provider email:

Vendor or service provider's address:

I, _____, authorize _____ to share
(your name) (vendor or provider name)

information about my child, _____, with any Warrior Hearted Board of
(child's name)

Directors member who is seeking information in their capacity.

(Warrior Hearted Special Children's Foundation will only be using this information to confirm services provided for child, and will be held confidential.)

Signature:

Date:



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Please send completed application and all supporting documents to:

Email: WarriorHeartedCharity@gmail.com

**Mail: *Warrior Hearted Special Children's Foundation*
6475 E. Pacific Coast Hwy. #444
*Long Beach, CA 90803***

By submitting this application, I agree that the Warrior Hearted Special Children's Foundation or agent may photograph or videotape me, and the Warrior Hearted Special Children's Foundation may use those photographs or video footage for its marketing purposes. I release the Warrior Hearted Special Children's Foundation from any claim or liability related to that use, and waive all claims for myself, my heirs and assignees against the individual staff persons and the Warrior Hearted Special Children's Foundation.