



## *Robert Henderson Legacy Scholarship*

Proceeds from the 15<sup>th</sup> Annual Walk for Autism and donations from Robert Henderson's generous family and friends fund the scholarships awarded each year.

**For scholarship consideration, you must meet all eligibility requirements and submit this application by **April 15, 2019** at 5:00 p.m. to:**

Any Baby Can of San Antonio, Inc.  
Attn: Crystal Torres  
217 Howard St  
San Antonio, TX 78212  
210.227.0170  
[ctorres@abcsa.org](mailto:ctorres@abcsa.org)

### **\$1,000 Scholarship Criteria:**

- This year Any Baby Can is offering a Secondary Education Scholarship (vocational school, college, university or similar) to meet the needs of older individuals with special healthcare needs.
- Applicant must have a special healthcare need and be able to provide documentation.
- Applicant must have permanent residence status in Bexar County or surrounding 18 counties (utility bill will be sufficient documentation).
- Applicant must be in the process of completing or have completed high school successfully or be currently enrolled in college with a minimum GPA of 2.5.
- Applicant must be accepted as a full-time student (part time if disability precludes full-time hours) at a college, university, or vocational school within Bexar County and the surrounding 18 counties and within the upcoming academic semester (Summer or Fall).



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**Individual with disability information:**

Individual's Name: \_\_\_\_\_

Individual's Email (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent or Guardian's Name (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

- Incomplete or late applications will prevent you from scholarship consideration.
- **Secondary Education Scholarship:** tuition invoices need to be turned in to our office no later than July 31, 2019. Tuition invoice must include name of institution, total amount due (must be over \$1,000) and address of where to send payment. If appropriate documentation is not received by July 31, 2019, the awarded scholarship will not be paid.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for completing Secondary Education application:**

- Attach your current certified transcript, documentation of disability, proof of residence status, and current college class schedule or acceptance letter.
- Please include three written references from individuals unrelated to you (reference form attached to application).
- Complete entire application for submission to include essay (accommodations allowed).
- Incomplete or late applications will prevent you from scholarship consideration.
- If awarded, tuition invoices need to be turned in to our office by July 31, 2019. Tuition invoice must include name of institution, total amount due (must be over \$1,000) and address of where to send payment. If appropriate documentation is not received by July 31, 2019, the awarded scholarship will not be paid.

**Please attach a 1 - 2 page typed essay addressing the following:**

How have you overcome challenges related to your disability?

Why do you believe you should receive this Secondary Education scholarship?

If you receive this Secondary Education scholarship, how will you give back to your community?

Please share any career objectives, plans, goals, academic, or personal qualities you believe will help the Scholarship Committee make a favorable decision regarding your application.

*\*Please keep in mind that the content of your essay will be a major factor in selecting the Secondary Education scholarship winners.*

**Academic Information:**

Applicants must have a cumulative GPA at least 2.5.

High School GPA: \_\_\_\_\_ College GPA: \_\_\_\_\_

School Attendance:     Full-Time     Part-Time    Academic Major: \_\_\_\_\_

Estimated Graduation Date: \_\_\_\_\_ Total Credit Hours Earned: \_\_\_\_\_

College Affiliation

- Arts and Sciences
- Business Administration
- Education and Human Development
- Musical Arts
- Technology
- Health and Human Services
- Undecided/Pre-Major
- Other

Please Identify "Other": \_\_\_\_\_

**Extracurricular Involvement:** List your work and/or volunteer experience and community service activities: \_\_\_\_\_

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**Academic Achievement:** List any academic honors, department awards, scholarships or special financial circumstances that you would like the scholarship committee to consider when reviewing this application: \_\_\_\_\_

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**Scholarships and Grants:** Please list any scholarships or grants you will be receiving for the school year:

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**Reference Information:**

Please list the names, addresses, and telephone numbers of three personal or professional references who are not family members. Please send your reference forms (included in this application) to these three individuals for completion.

**Reference One:**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Reference Two:**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Reference Three:**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Scholarships do not automatically renew. The Scholarship Committee will select finalist who meets the above requirements. Applicant's signature grants Any Baby Can of San Antonio, Inc. permission to access related information for the purpose of scholarship consideration. Recipients will be notified by phone no later than April 20, 2019.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Reference Form

Dear \_\_\_\_\_,

I am applying for a scholarship and request that you complete this Reference Form and return it to me in a sealed envelope. The scholarship committee of Any Baby Can of San Antonio, Inc. must receive my application, along with your reference, by **April 15, 2019 at 5:00 p.m.**

## Scholarship Application Information

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What characteristics does the applicant possess that would help them to succeed in their educational endeavors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are there unique factors that make the applicant especially worthy of receiving scholarship support?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Additional Comments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this Reference Form to the applicant in a sealed envelope. The application packet is due to the Scholarship Committee no later than **April 15, 2019 at 5:00 p.m.**



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