Kids’ Chance Initial Scholarship Application

Process:

- Please complete the application to the best of your ability. You may need assistance to gather the necessary information.
- After initial review, the scholarship committee may contact eligible students to verify information or secure missing information. Please respond to our inquiries.
- The scholarship committee will determine the merit of each application and approve scholarships as funds allow.
- Kids’ Chance will notify approved students of their award amount, verify enrollment, and upon completion of the process, will send payment directly to the post-secondary institution.

Previous recipient? STOP. USE THE RENEWAL APPLICATION. Please use our renewal (short form) application to verify eligibility and enrollment in school.

A. Student Applicant Contact Information

Name: First, Middle, Last

Address: City, State, Zip

Best phone number to reach you: indicate: home, work or mobile?

2nd phone, if available: indicate: home, work or mobile?

Best email to reach you:

2nd email, if any:

B. Parent/Household Information

Parent/Guardian 1: First, Middle, Last

Address if different than above: City, State, Zip

Primary phone number: indicate: home, work or mobile?

2nd phone, if available: indicate: home, work or mobile?

Parent/Guardian 2: First, Middle, Last

Address if different than above: City, State, Zip

Primary phone number: indicate: home, work or mobile?

2nd phone, if available: indicate: home, work or mobile?
Is the **UN-injured/surviving** parent employed?

- [ ] Yes, currently employed as follows:
  - [ ] Full-time  
  - [ ] Part-time

  Please indicate the status of this parent’s salary compared to what it was at the time of the injury:
  - [ ] Higher salary now  
  - [ ] About the same  
  - [ ] Lower salary now

  Current Employer: __________________________  Current Position: __________________________
  Employer Address: __________________________  City, State, Zip: __________________________
  Employer Phone: __________________________

- [ ] No

How many people live in the household where you are a dependent? _____ How many under 18? _____

How many other dependents will be enrolled in a college, technical school or university at the same time as you, **not** including yourself? ______

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**C. Injured/Deceased Claim Information**

**Name of parent with the compensable claim of fatality or injury:**

First, Middle, Last: ________________________ Relationship to you: ________________________

Nature of claim:  
- [ ] Work-related injury or disease  
- [ ] Work-related death

Date of injury or death: _______ / _______ / _______

Employer’s name at time of incident: __________________________

Worker’s Compensation Claim/File Number: __________________________

Brief description of the accident or incident resulting in injury or death: [150 word limit]

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If case of **injury/illness** is the injured parent **currently** employed?

- [ ] Yes, currently employed as follows:
  - [ ] Full-time  
  - [ ] Part-time

  Please indicate the status of this parent’s salary compared to what it was at the time of the injury:
  - [ ] Higher salary now  
  - [ ] About the same  
  - [ ] Lower salary now

  Current Employer: __________________________  Current Position: __________________________
  Employer Address: __________________________  City, State, Zip: __________________________
  Employer Phone: __________________________

- [ ] No, not currently employed

  If this parent will return to work, please indicate when: Month/Year _______ / _______
Please list any unusual or extenuating circumstances that the scholarship committee should consider in evaluating your scholarship application: [200 word limit]

D. Education Information

**Current High School Students Only:**
Name of high school: ____________________________ City, State, Zip: ____________________
High school cumulative GPA: ______________

**College, Technical School or University Enrollment Section:**
Name of institution you plan to attend: ____________________________
Have you been accepted?  □ Yes  □ No
Institution’s mailing address: ____________________________ City, State, Zip: ____________________
Institution’s main phone number: ____________________________
Name of institution you currently attend if different than above: ____________________________
Current Cumulative GPA: __________ Current Cumulative Credits Earned: ______________
Plan to Live:  □ Campus Housing  □ Off-Campus Housing (not at home)  □ Live w/Parent(s)
Intended major, career interests, objectives: [200 word limit]

Type of institution you will attend?
□ College/University (4-5 years)
□ Junior/Community College (2-3 years)
□ Trade/Tech/Vocational (1 – 3 years)
□ Other? Please indicate________________________

COA - Official Annual Cost of Attendance at your college or university, as indicated on your college financial aid award letter or Student Aid Report (SAR) from the FAFSA: $________________

EFC - Official Estimated Family Contribution, as indicated on your Student Aid Report from the FAFSA: $________________
If you are attending a trade or vocational program that does not participate in federal financial aid programs, please indicate the cost as follows:

Indicate cost per credit, course or whole program: $ ______________ Circle: Credit/Course/Program

Length of Trade/Tech/Voc Program in months? ______ /months

If you are considering another college, please include that information here – if NOT, THEN SKIP to “Additional Information” section below.

Name of another institution you may attend: ____________________________________________

Have you been accepted? □ Yes □ No

E. Additional information that will not affect your scholarship request:

Where did you hear about this scholarship?

☐ High School Counselor/Advisor
☐ College Official/Advisor
☐ Parent or family member
☐ Attorney
☐ Case manager
☐ Online search
☐ Kids’ Chance postcard or email
☐ Other, please indicate: __________________________________________________________

☐ If you remember the name of a specific person, please indicate: __________________________

Please list any people who helped you complete the application and materials, and their role, or how you know them: ________________________________________________________________

By signing below, you agree that this information is truthful to the best of your knowledge and that the scholarship committee may follow up with you or other parties to verify the accuracy.

SIGNATURE: ___________________________ DATE: __________________________

Thank you for your application!