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Kids’ Chance Common Application

Kids’ Chance of [STATE] is a 501(c)(3) non-profit organization that provides scholarships for children of workers that have been killed or seriously injured in a compensable work-related accident or occupational disease. Scholarships are awarded once a year and students may apply every year for which they are eligible. Current annual scholarship amounts range from [$X,XXX - $X,XXX] and are determined based on the student’s financial need.

Student Eligibility

* Between [AGE RANGE] years old at the time of the application.
* Child who is a dependent of a worker killed or seriously injured in a compensable work-related accident or occupational disease with a [STATE] employer.
* Demonstrated financial need to pay for post-secondary education.
* Accepted or already enrolled at a [university, college or technical school]. (Graduate-level students are not eligible.)
* Pursuing a degree as a [FULL-TIME or PART-TIME] student.
* Completion of the FAFSA – the Free Application for Federal Student Aid – for students attending a 2-year or 4-year college or university.
* Other eligibility

Documentation Required

* Completed Kids’ Chance Scholarship Application with student, family and university/college/technical school contact information
* Transcript of most recent grades – unofficial transcript is acceptable
* Copy of the Student Aid Report (SAR) you received from completing the FAFSA, with your Student Aid Index (SAI), formerly called the Expected Family Contribution (EFC), IF you are attending a 2-year or 4-year college or university
* Brief description of the applicant’s education and career goals
* Proof of compensable injury/illness claim such as determination letter or CLAIM NUMBER from the state workers’ compensation board or death certificate
* Parents’ basic employer information

Deadline: [DATE]

[If online include a time such as 6 p.m. CST] [If by mail, is it the received by date or postmarked date?]

Questions

Please contact us BEFORE the deadline via phone [XXX=XXX=XXXX] or email [[XX]](mailto:address@email.org)

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 strength 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.
* In general, Kids’ Chance scholarships may be used for any item included in the official Cost of Attendance, unless restricted by the state organization. [CHANGE AS NEEDED]

**Previous recipient?** Please use our expedited short application to verify eligibility and enrollment in school.

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| A. New Application Contact Information |

Name: First, Middle, Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ mobile ❑ work ❑ home

2nd phone, if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ mobile ❑ work ❑ home

Best email to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate email if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Date of Birth: / / Last 4 digits of SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| B. Parent/Household Information |

**Parent/Guardian 1:** First, Middle, Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (i*f different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ mobile ❑ work ❑ home

**Parent/Guardian 2:** First, Middle, Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (*if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ mobile ❑ work ❑ home

Is the **UN-injured/surviving** parent employed?

❑ No, not employed ❑ Yes, currently employed as follows: ❑Full-time ❑ Part-time

Please indicate the status of the **UN-injured/surviving** parent’s salary compared to what it was at the time of the injury:

❑Higher salary now ❑ About the same ❑ Lower salary now

How many other people in your immediate family will be enrolled in a college, technical school or university at the same time as you, **not** including yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| B. 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 illness ❑ Work-related death

Date of injury or death: \_\_\_\_\\_\_\_\_\_\\_\_\_\_\_

Employer’s name at time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker’s Compensation Claim Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Or attach determination letter)*

Brief description of the accident or incident resulting in injury or death: [100-word limit]

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

❑ No, not currently employed

❑ Yes, currently employed as follows: ❑Full-time ❑ Part-time

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If this parent will return to work, please indicate when: Month/Year: \_\_\_\_\_\_\_\_\_\_\_\ \_\_\_\_\_\_\_\_\_\_\_\_

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| 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 with this scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Enroll: ❑ Full-time ❑ Part-time [Note to states: If full time enrollment is required, ask this up front so students don’t waste time if they are ineligible.]

Plan to Live: ❑Campus Housing ❑ Off-Campus Housing (not at home) ❑ Live w/Parent(s)

Intended major, career interests, goals: [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:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAI - Official Student Aid Index (SAI) 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 question below.***

Name of another institution you may attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted? ❑ Yes ❑ No

Please share any unusual circumstances of which you would like us to be aware and/or any financial changes since completing the FAFSA.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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!*** *Final scholarship decisions will be made by [DATE].*