

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

If Yes, Name of employer: _____
Name of Employer

Street P.O. Box

City State Zip

Work Phone Number Work Fax Number

III. INJURED/DECEASED PARENT INFORMATION

Parent's Name: _____
First Middle Last Relationship
Date of work injury/illness: ___/___/___ OR Date of death: ___/___/___
M D YR M D YR
Nature: _____ Work related illness/injury (describe): _____
_____ Death related to work illness/injury

Name of Employer on record (when accident, illness, injury or death occurred): _____

Street P.O. Box

City State Zip

Workers' Comp. Insurance Claim No. _____ State File No. _____

AT THIS TIME, IS THERE A WORKERS' COMPENSATION ACTION PENDING? Yes ___ No ___ Briefly explain:

Has or will the worker return to work? Yes ___ No ___ If yes, expected date: ___/___/___
M D YR

IV. ACADEMIC INFORMATION

Name and address of High School or College/University applicant is currently attending:

Street Address City, State Zip

Applicant's GPA: _____ Enrolled in 2 or more Advanced/Honors Courses? ___ Yes ___ No
Applicant's extra-curricular community/school activities: _____

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Intended/Current Major: _____ Applicant's career objectives: _____

If a high school senior, educational institution(s) applicant has applied to:

Name: _____ Admitted _____ Yes _____ No _____ Pending

Name: _____ Admitted _____ Yes _____ No _____ Pending

Name: _____ Admitted _____ Yes _____ No _____ Pending

Name of educational institution at which you intend to use scholarship:

Street Address

City, State, Zip

Financial Aid Officer at your educational institution:

Name/Title: _____

Phone: (____) _____ Email (required): _____

Type of educational institution (check one below):

_____ College/University (four-year undergraduate degree)

_____ Junior/Community College (two-year undergraduate degree)

_____ Trade/Vocational school

_____ Other (specify) _____

Date that you will be beginning/continuing at your educational institution: ____ / ____ / ____
M D YR

What are your curriculum plans for:

Fall 2018 _____ Full time _____ Part Time

Winter 2018-19 _____ Full time _____ Part Time

Spring 2019 _____ Full time _____ Part Time

Summer 2019 _____ Full time _____ Part Time

In the fall of 2018, you will be _____ First-year _____ Sophomore/Second year _____ Junior/Third year _____ Senior/Fourth year

When will you graduate from your institution?

_____ Fall _____ 2018 _____ 2019 _____ 2020 _____ 2021 _____ 2022

_____ Spring _____ 2019 _____ 2020 _____ 2021 _____ 2022 _____ 2023

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Annual Tuition \$ _____

Do you intend to: Commute from home Live on-campus Live off-campus in an apartment or rented house, etc.

If on-campus, Annual Room \$ _____ Annual Meal Plan (Board)\$ _____

If you will be living off-campus, and you will NOT be living at home with your parent(s), what will be the yearly cost of your off-campus rent and utilities? \$ _____

Will you be employed while attending educational institution? Yes No If yes, type of work: _____

Hrs. per week: _____ Average amount earned in academic year \$ _____

Have you submitted the Free Application for Federal Student Aid (FAFSA)? Yes No

If yes, on what date was your FAFSA filed? $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{YR}$

If no, on what date will your FAFSA be filed? $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{YR}$

*If your FAFSA was processed successfully, you should have received a Student Aid Report (SAR) from the FAFSA processing center. On your SAR, what amount is listed as your "Expected Family Contribution," or EFC? \$ _____

Have you received a Financial Aid Award Letter from your educational institution's financial aid office?

Yes No

IF FINANCIAL AID AWARD LETTER HAS BEEN RECEIVED, ATTACH A COPY WITH THIS APPLICATION.

If you have not received this letter to submit with your application by the March 30th deadline, please MAIL a copy of this letter to the Kids' Chance office BY JULY 16th.

Have you received your Student Account Statement from your educational institution's Bursar's Office/Business Office?

Yes No

IF YOUR STUDENT ACCOUNT STATEMENT HAS BEEN RECEIVED, ATTACH A COPY WITH THIS APPLICATION.

If you have not received this statement to submit with your application by the March 30th deadline, please MAIL a copy of this statement to the Kids' Chance office BY JULY 16th.

V. ATTESTATION/AUTHORIZATION STATEMENT

I certify that all the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of scholarship applicant

Date

Signature of parent/guardian/other person assisting in the completion of application
(If applicable)

Date

PLEASE READ CAREFULLY:

I hereby apply for a scholarship to KIDS' CHANCE OF VT, INC. I hereby give consent to KIDS' CHANCE OF VT, INC. to verify contents of this application and attachments.

I hereby give consent to KIDS' CHANCE OF VT, INC., its agents, employees, or designees to contact and verify my information contained in this application and attachments by contact with any Individual, government, educational institution, or other entity. I understand that any intentionally false or misleading information I have submitted on this application will result in immediate rejection, cancellation of award and/or return of expended funds.

If I am awarded funds, I agree to provide KIDS' CHANCE OF VT, INC. with a signed letter of authorization and a photo, if available, for use on the website and in publications, to attend special events when feasible, and at the end of each school year to send or e-mail, updates with information on academic/extracurricular progress and successes to Kids' Chance.

I understand that scholarships granted by KIDS' CHANCE OF VT, INC., are benevolent awards and these are made on the basis of the funds available to the KIDS' CHANCE OF VT, INC. organization. I further understand that the selection of the recipients of KIDS' CHANCE OF VT, INC. scholarships is a determination made solely by the KIDS' CHANCE OF VT, INC. organization and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance scholarship awards, as well as the amounts of any such awards and that I am in no way legally entitled to any scholarship, award or grant on the basis of this application.

Signature of applicant

Date

Signature of parent or guardian (If applicant is under the age of 18)

Date

Please list the names of all persons who assisted the applicant in preparing this document:

Where did you learn about Kids' Chance?

VI. ADDITIONAL DOCUMENTS REQUIRED

REQUIRED (Please submit with your application)

____ A completed Kids' Chance Scholarship Application.

____ If currently attending a college, trade or vocational school, the most recent transcript.

____ If you have a copy of Financial Aid Award Letter for the coming academic year from the educational institution you plan to attend: **PLEASE NOTE:** If your Financial Aid Award Letter is in process and cannot be submitted with your application by the March 30th deadline, you must Email a copy of this letter or, if the letter is still not available, CONTACT the Kids' Chance office, BY JULY 16th. **WE MUST HAVE THE FINANCIAL AID AWARD LETTER, IF YOU HAVE ONE, IN ORDER TO PROCESS YOUR APPLICATION.**

____ If you have a copy of your Student Account Statement (your student bill) for the coming academic year from your institution's Bursar's Office/ Business Office. This statement will likely be mailed to you by your institution by early July. Please email the statement to the Kids' Chance office no later than July 16th. **WE MUST HAVE YOUR STUDENT ACCOUNT STATEMENT, IF YOU HAVE ONE, IN ORDER TO PROCESS YOUR APPLICATION.**

____ A copy of the Death certificate of deceased parent, if applicable. Death must have occurred as a result of a work-related injury/illness.

____ 1-3 paragraphs noting the specific work-related accident and why this scholarship would help you attain your educational goals.

____ A copy of your 2018-2019 SAR (Student Aid Report). You should have received your SAR from the Federal government after you submitted your Free Application for Federal Student Aid (FAFSA).

OPTIONAL:

____ Letters of recommendation

____ Any unusual or extenuating circumstances that you feel the KIDS' CHANCE OF VT, INC. organization should consider when reviewing your scholarship request.

The amount of each Kids' Chance Scholarship award is decided by the Board of Directors and will be paid directly to the educational institution. Although awards are applicable at any accredited post-secondary educational institution in the United States, no scholarship will exceed the annual cost of tuition and books at the most expensive public post-secondary educational institution in Vermont.

PLEASE SUBMIT COMPLETED APPLICATION AND ATTACHMENTS NO LATER THAN MARCH 30, 2018 TO:

KIDS' CHANCE OF VERMONT
APPLICATION COORDINATOR
P.O. BOX 638
BURLINGTON, VT 05402-0638
E-MAIL: kjk@mc-fitz.com

If you have application questions or concerns, please call Kids' Chance at 802-863-3494 ext.32