

# SCHOLARSHIP APPLICATION 2024

## Due July 12, 2024



**YOUR APPLICATION WILL ONLY BE CONSIDERED IF IT IS COMPLETE.**

**Submissions are not considered complete until this application form is completed in its entirety AND the applicant has provided all materials/info listed in the checklist below. Completed applications can be submitted to Kids' Chance of Vermont by mailing to:**

Kids' Chance of Vermont, c/o BFS  
535 Stone Cutters Way, Suite 204, Montpelier, VT 05602

You can also submit your completed application and all materials by email: [brit@tandemwc.com](mailto:brit@tandemwc.com). Please call Brit McKenna 802-989-8994 with any questions or if you need help completing the application.

### **CHECKLIST FOR KIDS' CHANCE OF VERMONT APPLICATION:**

\_\_\_\_\_ A completed Kids' Chance Scholarship Application form submitted no later than July 12, 2024.

\_\_\_\_\_ 1-3 paragraphs describing the work-related accident, the injury that resulted, how it has impacted your family and how this scholarship would help you attain your educational goals.

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

\_\_\_\_\_ Attach a copy of the 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, CONTACT the Kids' Chance office to let us know you still do not have it. **WE MUST HAVE THE FINANCIAL AID AWARD LETTER, IF YOU HAVE ONE, IN ORDER TO PROCESS YOUR APPLICATION.**

\_\_\_\_\_ A copy of your Student Account Statement (your student bill) for the coming academic year from your institution's 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 12th. **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.

\_\_\_\_\_ A copy of your current 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:**

\_\_\_\_\_ Letter(s) of recommendation

\_\_\_\_\_ A statement explaining any unusual or extenuating circumstances that you feel the KIDS' CHANCE OF VT, INC. organization should consider when reviewing your scholarship request.



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**III. INJURED/DECEASED PARENT INFORMATION**

Parent's Name: \_\_\_\_\_  
First Middle Last Relationship

Nature: \_\_\_\_\_ Work related illness/injury (describe): \_\_\_\_\_  
\_\_\_\_\_ Death related to work illness/injury

Date of work injury/illness: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Date of work-related death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D YR M D YR

Name of Employer on record (when accident, illness, injury or death occurred): \_\_\_\_\_  
\_\_\_\_\_  
Street P.O. Box  
\_\_\_\_\_  
City State Zip

Workers' Comp. Insurance State File No. from  
Claim No. from the insurer: \_\_\_\_\_ the Dept. of Labor \_\_\_\_\_

AT THIS TIME, IS A WORKERS' COMPENSATION CLAIM STILL OPEN? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not (i.e. settlement?): \_\_\_\_\_

Has or will the worker return to work? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, actual/expected return to work date: \_\_\_\_\_

If no, why not: \_\_\_\_\_

**IV. ACADEMIC INFORMATION**

Name and address of High School, Technical 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/work activities: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
Street Address City State Zip

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

Financial Aid Officer at your desired educational institution:

Name/Title: \_\_\_\_\_

Phone # for Financial Aid Officer: \_\_\_\_\_ Email for Financial Aid Officer: \_\_\_\_\_

Type of educational institution (check one below):

\_\_\_\_\_ College/University (four-year undergraduate degree)

\_\_\_\_\_ Junior/Community College (two-year undergraduate degree)

\_\_\_\_\_ Trade/Vocational School. How long is the program: \_\_\_\_\_

\_\_\_\_\_ Other (specify): \_\_\_\_\_ How long is the program: \_\_\_\_\_

Will you be attending full time or part time? Full time \_\_\_\_\_ Part time \_\_\_\_\_

When does the program/school year start: \_\_\_\_\_  
Month / Year

When you start, you will be (choose one): Freshman/1st year \_\_\_\_\_ Sophomore/2nd year \_\_\_\_\_

Junior/3rd year \_\_\_\_\_ Senior/4th year \_\_\_\_\_

Other (pls explain) \_\_\_\_\_

Approximate month and year you will graduate from your institution: \_\_\_\_\_

Intended Major/Concentration: \_\_\_\_\_

Annual Tuition (**not** including room and board): \$ \_\_\_\_\_

Do you intend to (check one):

Commute from home \_\_\_\_\_ Live on-campus \_\_\_\_\_ Live off-campus in an apt/rented house, etc. \_\_\_\_\_

If you will be living on-campus:

Estimated Annual Room Cost: \$ \_\_\_\_\_ Estimated Annual Meal Plan (Board) Cost: \$ \_\_\_\_\_

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

If you will be living with your family, what are your estimated commuting expenses? \_\_\_\_\_

Will you be employed while attending the educational institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of work: \_\_\_\_\_ Hrs. per week: \_\_\_\_\_

Est. amount you will earn in academic year: \_\_\_\_\_



**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 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 the following (initial next to each of the following):

- \_\_\_\_\_ 1. I agree to provide KIDS' CHANCE OF VT, INC. with a photo of me that is suitable for KIDS' CHANCE OF VT, INC. to use on its website and in its publications;
- \_\_\_\_\_ 2. I agree to send KIDS' CHANCE OF VT, INC. an email every 4 months over the period of this award to provide an update on my academic/extracurricular progress and any achievements/successes I have earned.
- \_\_\_\_\_ 3. I agree to attend at least one KIDS' CHANCE OF VT, INC. event over the period of this award to assist the organization with fundraising or promotional work to raise awareness of KIDS' CHANCE OF VT, INC.
- \_\_\_\_\_ 4. I agree to provide a written statement to KIDS' CHANCE OF VT, INC. explaining how this scholarship has made a difference to me.

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

Where did you learn about Kids' Chance: \_\_\_\_\_