

SCHOLARSHIP RE-APPLICATION 2023
Due April 7, 2023



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, c/o Heidi Groff at BFS
535 Stone Cutters Way, Suite 204, Montpelier, VT 05602

You can also submit your completed application and all materials by email: groff@bfslaw.com. Please call Heidi Groff at 802-229-5146 with any questions or if you need help completing the application.

CHECKLIST FOR KIDS' CHANCE OF VERMONT APPLICATION:

_____ A completed Kids' Chance Scholarship Re-Application form submitted no later than April 7, 2023.

_____ 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 by the April 7th deadline, then on or before July 17th you need to provide a copy of the Financial Aid Award Letter or otherwise **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 17th. **WE MUST HAVE YOUR STUDENT ACCOUNT STATEMENT, IF YOU HAVE ONE, IN ORDER TO PROCESS YOUR APPLICATION.**

_____ A copy of your 2022-2023 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

I. UPDATED STUDENT APPLICANT INFORMATION

Student's Name: _____
 First Middle Last

Present Address: _____
 Street Apt.# County

 City State Zip

Your Home Phone # _____ Your Cell # _____ Your Email: _____

Age as of 9/1/23: _____

Name of your local city newspaper(s): _____

II. UPDATED FAMILY INFORMATION

If there have been any changes to the items below since you last completed a Kids' Chance application, please indicate and explain the change(s):

_____ I have had a change in the number of people in my family's household or in the number of people under the age of 18 has changed since I last completed a Kids' Chance Application

_____ One/both of my parents' employment situation has changed (e.g. changed jobs, received a promotion, started working after not working for a period, etc...)

_____ There has been a change to the status of my parent's workers' compensation claim (e.g. claim had been open and is now settled, etc...)

Please provide information explaining all of the changes indicated above: _____

III. UPDATED ACADEMIC INFORMATION

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

 Street Address City, State Zip

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Applicant's GPA: _____

Applicant's extra-curricular community/school/work activities: _____

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

Street Address City State Zip

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 next school year/program start: _____
Month / Year

When you start, you will be (choose one):
Sophomore/2nd year _____
Junior/3rd year _____ Senior/4th year _____
Other (pls explain) _____

Approximate month and year you will graduate from your institution: _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

What is your Major/Concentration: _____

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

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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: _____

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

If yes, on what date was your FAFSA filed: _____ / _____ / _____
M D YR

If no, on what date will your FAFSA be filed: _____ / _____ / _____
M D 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 April 7th deadline, please SUBMIT a copy of this letter to the Kids' Chance office BY JULY 17th.

Have you received your Student Account Statement from your educational institution's 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 April 7th deadline, please SUBMIT a copy of this statement to the Kids' Chance office BY JULY 17th.

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 APRIL 7th, 2023 TO:

KIDS' CHANCE OF VERMONT

ATTN: HEIDI GROFF

535 STONE CUTTER'S WAY, SUITE 204 MONTPELIER, VT 05602

E-MAIL: groff@bfslaw.com

If you have application questions or concerns, or need help completing this application,
please call Kids' Chance at 802-229-5146 and ask for Heidi Groff

IV. 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: _____