

## SCHOLARSHIP APPLICATION 2020

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

This completed form must be received by Kids' Chance of Vermont no later than Tuesday, March 31, 2020. This form should be mailed to Kids' Chance of VT, P.O. Box 638, Burlington, VT 05402. This form may also be emailed to the Kids' Chance office at [kjk@mc-fitz.com](mailto:kjk@mc-fitz.com). For questions, please contact us at 802-863-3494 ext.32 or email us at [kjk@mc-fitz.com](mailto:kjk@mc-fitz.com). You will be notified by September 1, 2020 whether you have been awarded a scholarship.

### I. STUDENT APPLICANT INFORMATION

Student's Name: \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_  
Street Apt.# County

\_\_\_\_\_

City State Zip

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Local/City Newspaper: \_\_\_\_\_

Email Address to Submit Articles: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. FAMILY INFORMATION

Father's Name: \_\_\_\_\_  
First Middle Last

Mother's Name: \_\_\_\_\_  
First Middle Last

Parent's Address: (if different than above): \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_

City State Zip

Parent's telephone: \_\_\_\_\_ How many residing in the Household: \_\_\_\_\_ Less than 18 Years old: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Is uninjured/surviving parent employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, average # of hours per week \_\_\_\_\_

**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:  $\frac{\text{M}}{\text{M}}$  /  $\frac{\text{D}}{\text{D}}$  /  $\frac{\text{YR}}{\text{YR}}$

What are your curriculum plans for:

Fall 2020 \_\_\_\_\_ Full time \_\_\_\_\_ Part Time

Winter 2020-21 \_\_\_\_\_ Full time \_\_\_\_\_ Part Time

Spring 2021 \_\_\_\_\_ Full time \_\_\_\_\_ Part Time

Summer 2021 \_\_\_\_\_ Full time \_\_\_\_\_ Part Time

In the fall of 2020, you will be \_\_\_\_\_ First-year \_\_\_\_\_ Sophomore/Second year \_\_\_\_\_ Junior/Third year \_\_\_\_\_ Senior/Fourth year

When will you graduate from your institution?

\_\_\_\_\_ Fall \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_ 2024

\_\_\_\_\_ Spring \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_ 2024 \_\_\_\_\_ 2025

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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 31<sup>st</sup> deadline, please MAIL a copy of this letter to the Kids' Chance office BY JULY 15th.

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 31<sup>st</sup> deadline, please MAIL a copy of this statement to the Kids' Chance office BY JULY 15th.

**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.

Over the period of this award, I agree to attend at least one KIDS' CHANCE OF VT, INC., event to assist in either fundraising or promotional work to raise awareness of KIDS' CHANCE OF VT, INC.

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 31<sup>st</sup> deadline, you must Email a copy of this letter or, if the letter is still not available, CONTACT the Kids' Chance office, BY JULY 15<sup>th</sup>. **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 15th. **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 2020-2021 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 31, 2019 TO:

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

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