

SCHOLARSHIP APPLICATION 2022

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

This completed form must be received by Kids' Chance of Vermont no later than Friday, April 1, 2022. This form should be mailed to Kids' Chance of VT, Attn: Heidi Groff at 535 Stone Cutters Way, Suite 204, Montpelier, VT 05602. This form may also be emailed to the Kids' Chance office at groff@bfslaw.com. For questions, please contact us at 802-229-5146 or email us at groff@bfslaw.com. You will be notified by September 1, 2022 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 N	Newspaper:			
Email Address to Sub	omit Articles:		Phone Number:	
		II. FAMILY INFO	ORMATION	
Father's Name:				
	First	Middle	Last	
Mother's Name:				
	First	Middle	Last	
Parent's Address: (if o	different than above):			
		Street	Apt. #	
City		State	Zip	
Parent's telephone:	F	How many residing in	n the Household: Less than 18 Y	ears old:
Parent's Email Addre	ss:	Paren	t's Cell Phone:	
ls uninjured/surviving	g parent employed? Y	'es No	If yes, average # of hours per week	

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If Yes, Name of employer: _				
		Name of Employer		
Street			x	
	City	State	Zip	
	Work Phone N	umber	Work Fax Number	
	III. INJURED/I	DECEASED PAREN	NT INFORMATION	N
Parent's Name:				
Fi	rst	Middle	Last	Relationship
Date of work injury/illness:	//	OR Date of death	h://	
Nature:Work related	l illness/injury (des	cribe):		
Death relate	ed to work illness/in	jury		
Name of Employer on recor	d (when accident, illr	ness, injury or death occu	rred):	
	Street		P.O. Box	
	City	State	Zip	
Workers' Comp. Insurance	Claim No		State File No	
AT THIS TIME, IS THERE	A WORKERS' CO	OMPENSATION ACT	TION PENDING? Yes_	No Briefly explain
Has or will the worker return	n to work? Yes		xpected date:/	
	IV. A	CADEMIC INFOR	MATION	
Name and address of High S	School or College/U	Iniversity applicant is c	currently attending:	
St	treet Address		City, State	Zip
Applicant's GPA:	Enrolled in 2 o	or more Advanced/Hon	ors Courses? Yes	No
Applicant's extra-curricular	community/school	activities:		

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Intended/Current M	/Iajor:		A	oplicant's career	objectives:	
If a high school ser	nior, educa	ational institution(s) applicant ha	s applied to:		
Name:			Admitte	edYes_	No	Pending
Name:			Admitte	edYes_	No	Pending
Name:			Admitte	edYes_	No	Pending
Name of education	al instituti	on at which you i	ntend to use scl	nolarship:		
Street Addres					City, State, 2	Zip
Financial Aid Office	cer at your	educational insti	tution:			
Name/Title:						
Phone:			Email (requi	red):		
Type of educationa	al institutio	on (check one belo	ow):			
College/Uni	versity (fo	our-year undergra	duate degree)			
Junior/Com	munity Co	ollege (two-year u	ndergraduate d	egree)		
Trade/Vocat	tional scho	ool				
Other (speci						
Date that you will l	be beginni	ng/continuing at	your educationa	ıl institution:	//_	
What are your curr	iculum pla	ans for:		M	D YK	
Fall 2022		Full time	Part	Time		
Winter 2022-23		Full time	Part	Time		
Spring 2023		Full time	Part	Time		
Summer 2023		Full time	Part	Time		
In the Fall of 2022,	, you will	be First-yea	rSophomo	e/Second year _	Junior/Thire	d yearSenior/
Fourth year When	will you g	raduate from you	r institution?			
F	all _	2022	2023	2024	2025	2026
S	nring	2023	2024	2025	2026	2027

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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, <u>and you will NOT be living at home with your parent(s)</u> , 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? / / / YR
If no, on what date will your FAFSA be filed? / / / 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?
YesNo
IF FINANCIAL AID AWARD LETTER HAS BEEN RECEIVED, ATTACH A COPY WITH THIS

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 2nd 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 April 1st 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 coverify contents of this application and attachments.	onsent to KIDS' CHANCE OF VT, INC. to
I hereby give consent to KIDS' CHANCE OF VT, INC., its agents, employees, or information contained in this application and attachments by contact with any Index or other entity. I understand that any intentionally false or misleading information result in immediate rejection, cancellation of award and/or return of expended fundaments.	ividual, government, educational institution, I have submitted on this application will
If I am awarded funds, I agree to provide KIDS' CHANCE OF VT, INC. with a si available, for use on the website and in publications, to attend special events when send or e-mail updates with information on academic/extracurricular progress and	feasible, and at the end of each school year to
Over the period of this award, I agree to attend at least one KIDS' CHANCE OF V or promotional work to raise awareness of KIDS' CHANCE OF VT, INC.	VT, INC., event to assist in either fundraising
I understand that scholarships granted by KIDS' CHANCE OF VT, INC., are benefit funds available to the KIDS' CHANCE OF VT, INC. organization. I further of KIDS' CHANCE OF VT, INC. scholarships is a determination made solely by organization and its Board of Directors and that it is totally up to their discretion vawards, as well as the amounts of any such awards and that I am in no way legally the basis of this application.	understand that the selection of the recipients the KIDS' CHANCE OF VT, INC. who shall receive Kids' Chance scholarship
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	s 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 <u>college</u> , <u>trade or vocational school</u> , the most recent transcript.
If you have a copy of <u>Financial Aid Award Letter</u> for the coming academic year from the educational institution you plan to attend: <u>PLEASE NOTE</u> : If your Financial Aid Award Letter is in process and cannot be submitted with your application by the April 1 st 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 th . 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 <u>Student Account Statement</u> (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 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:
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 APRIL 1, 2022 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, please call Kids' Chance at 802-229-5146 and ask for Heidi Groff