

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 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-year ____ Sophomore/Second year ____ Junior/Third year ____ Senior/

Fourth year When will you graduate from your institution?

_____ Fall _____ 2022 _____ 2023 _____ 2024 _____ 2025 _____ 2026

_____ Spring _____ 2023 _____ 2024 _____ 2025 _____ 2026 _____ 2027

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 April 1st deadline, you must Email a copy of this letter or, if the letter is still not available, CONTACT the Kids' Chance office, BY JULY 15th. **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 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