

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: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{YR}$

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

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? $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{YR}$

III. 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?

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

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