

## SCHOLARSHIP RE-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 535 Stone Cutter's 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. UPDATED 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

### II. UPDATED ACADEMIC INFORMATION

Name and address of College/University applicant is currently attending:

\_\_\_\_\_

\_\_\_\_\_  
Street Address
City, State Zip

Applicant's GPA: \_\_\_\_\_

Applicant's extra-curricular community/school activities: \_\_\_\_\_

\_\_\_\_\_

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

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

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 April 1<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 April 1<sup>st</sup> deadline, please MAIL a copy of this statement to the Kids' Chance office BY JULY 15th.

### 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 APRIL 1, 2022 TO:

KIDS' CHANCE OF VERMONT  
ATTENTION HEIDI GROFF  
535 STONE CUTTER'S WAY, SUITE 204  
MONTPELIER , VT 05602  
E-MAIL: [groff@bfslaw.com](mailto:groff@bfslaw.com)

If you have application questions or concerns, please call Kids' Chance at 802-279-1681