

SCHOLARSHIP APPLICATION 2025

Due May 7th, 2025

YOUR APPLICATION WILL ONLY BE CONSIDERED IF IT IS COMPLETE.

Submissions are not considered complete until this application form is completed in its entirety AND the applicant has provided all materials/info listed in the checklist below. Completed applications can be submitted to Kids' Chance of Vermont by mailing to:

Kids' Chance, c/o Biggam Fox & Skinner
535 Stone Cutters Way, Suite 204, Montpelier, VT 05602

You can also submit your completed application and all materials by email: brit@tandemwc.com.
Please call Brit McKenna (802) 989-8994 with any questions or if you need help completing the application.

CHECKLIST FOR KIDS' CHANCE OF VERMONT APPLICATION:

_____ A completed Kids' Chance Scholarship Application submitted no later than May 7th, 2025.

_____ 1-3 paragraphs describing the work-related accident, the injury that resulted, how it has impacted your family and why this scholarship would help you attain your educational goals.

_____ If currently attending a college, trade or vocational school, the most recent transcript.

_____ A copy of the Death certificate of deceased parent, if applicable. Death must have occurred as a result of a work-related injury/illness.

_____ A copy of your 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).

_____ Attach a copy of the 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, please CONTACT the Kids' Chance office to let us know that you still do not have it.

_____ A copy of your Student Account Statement (your student bill) for the coming academic year from your institution's Business Office, if available.

OPTIONAL:

_____ Letter(s) of recommendation

_____ A statement explaining any unusual or extenuating circumstances that you feel the KIDS' CHANCE OF VT, INC. organization should consider when reviewing your scholarship request.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

I. STUDENT APPLICANT INFORMATION

Student's Name: _____
First Middle Last

Present Address: _____
Street Apt.# County

City State Zip

Your Home Phone # _____ Your Cell # _____ Your Email: _____

Age as of 9/1/25: _____ Date of Birth: ____/____/____ SSN #: _____ - _____ - _____

Name of your local city Newspaper(s): _____

II. FAMILY INFORMATION

Parent #1 Name: _____ Their Phone #: _____ Their Email: _____

Parent #1 Address if different than your own: _____
Street Apt. #

City State Zip Code

Parent #2 Name: _____ Their Phone #: _____ Their Email: _____

Parent #2 address if different than your own: _____
Street Apt. #

City State Zip Code

How many people reside in your household: _____ How many of those people are under age 18? _____

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

If Yes, Name of Employer: _____
Name of Employer

Street P.O. Box

City State Zip

Work Phone Number Work Fax Number

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

III. INJURED/DECEASED PARENT INFORMATION

Parent's Name: _____
First Middle Last Relationship

Nature: _____ Work related illness/injury (describe): _____
_____ Death related to work illness/injury

Date of work injury/illness: ____/____/____ OR Date of work-related death: ____/____/____
M D YR M D YR

Name of Employer on record (when accident, illness, injury or death occurred): _____

Street

P.O. Box

City

State

Zip

Workers' Comp. Insurance

Claim No. from the insurer: _____

State File No. from

the Dept. of Labor _____

AT THIS TIME, IS A WORKERS' COMPENSATION CLAIM STILL OPEN? Yes _____ No _____

If no, why not (i.e. settlement?): _____

Has or will the worker return to work? Yes _____ No _____ If yes, actual/expected return to work date: _____

If no, why not: _____

IV. ACADEMIC INFORMATION

Name and address of High School, Technical 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/work activities: _____

Name of educational institution at which you intend to use scholarship:

Street Address

City

State

Zip

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Financial Aid Officer at your desired educational institution:

Name/Title: _____

Phone # for Financial Aid Officer: _____ Email for Financial Aid Officer: _____

Type of educational institution (check one below):

_____ College/University (four-year undergraduate degree)

_____ Junior/Community College (two-year undergraduate degree)

_____ Trade/Vocational School. How long is the program: _____

_____ Other (specify): _____ How long is the program: _____

Will you be attending full time or part time? Full time _____ Part time _____

When does the program/school year start: _____
Month / Year

When you start, you will be (choose one): Freshman/1st year _____ Sophomore/2nd year _____
Junior/3rd year _____ Senior/4th year _____
Other (pls explain) _____

Approximate month and year you will graduate from your institution: _____

Intended Major/Concentration: _____

Annual Tuition (**not** including room and board): \$ _____

Do you intend to (check one):

Commute from home _____ Live on-campus _____ Live off-campus in an apt/rented house, etc. _____

If you will be living on-campus:

Estimated Annual Room Cost: \$ _____ Estimated Annual Meal Plan (Board) Cost: \$ _____

If you will be living off-campus, and you will NOT be living at home with your parent(s), what is the estimated cost of your share of the off-campus rent and utilities? \$ _____

If you will be living with your family, what are your estimated commuting expenses? _____

Will you be employed while attending the educational institution? Yes _____ No _____

If yes, type of work: _____ Hrs. per week: _____

Est. amount you will earn in academic year: _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Have you submitted the Free Application for Federal Student Aid (FAFSA)? _____ Yes _____ No

If yes, on what date was your FAFSA filed: _____ / _____ / _____
M D 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 is listed as your "Student Aid Index" or SAI (formerly Expected Family Contribution or EFC)? \$ _____

____ Yes ____ No

____ Yes ____ No

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 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 the following (initial next to each of the following):

- _____ 1. I agree to provide KIDS' CHANCE OF VT, INC. with a signed letter of authorization.
- _____ 2. I agree to provide KIDS' CHANCE OF VT, INC. with a copy of my Student Account Statement (i.e. Student Bill) and understand I must do so before any scholarship funds can be issued to me.
- _____ 3. I agree to provide KIDS' CHANCE OF VT, INC. with a photo of me that is suitable for KIDS' CHANCE OF VT, INC. to use on its website and in its publications.
- _____ 4. I agree to send KIDS' CHANCE OF VT, INC. an email every 4 months over the period of this award to provide an update on my academic/extracurricular progress and any achievements/successes I have earned.
- _____ 5. I agree to attend at least one KIDS' CHANCE OF VT, INC. event over the period of this award to assist the organization with fundraising or promotional work to raise awareness of KIDS' CHANCE OF VT, INC.
- _____ 6. I agree to provide a written statement to KIDS' CHANCE OF VT, INC. explaining how this scholarship has made a difference to me.

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

Where did you learn about Kids' Chance: _____