

**KIDS' CHANCE OF PA, INC.**  
**SCHOLARSHIP APPLICATION FORM**  
**2010**

Application Type (please check one):

New

Resubmission

If you were awarded a Kids' Chance Scholarship in past years, what were the amounts of the Awards?

2009 \$ \_\_\_\_\_ 2008 \$ \_\_\_\_\_ 2007 \$ \_\_\_\_\_ 2006 \$ \_\_\_\_\_ 2005 \$ \_\_\_\_\_

Completed applications and all supporting documents for annual scholarships must be received by Kids' Chance of Pennsylvania **no later than Wednesday, April 15, 2010**. Applications and supporting information, OTHER THAN THE FINANCIAL AID AWARD LETTER, IF NOT AVAILABLE BY THAT DATE, will not be accepted after the deadline. You will be notified in August whether you have been awarded a scholarship.

**I. STUDENT APPLICANT INFORMATION**

Name: \_\_\_\_\_

First

Middle

Last

Present Address: \_\_\_\_\_

Street

Apt#

County

City

State

Zip

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
M D YR

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

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

**II. FAMILY INFORMATION**

Father's Name: \_\_\_\_\_

First

Middle

Last

Mother's Name: \_\_\_\_\_

First

Middle

Last

Parents' Address (If different than above): \_\_\_\_\_

Street

Apt #

City

State

Zip

Parents' telephone: (\_\_\_\_) \_\_\_\_\_ How many residing in Household: \_\_\_\_ Less than 18 years old: \_\_\_\_

Parent's Email Address: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

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

If yes, name employer: \_\_\_\_\_

Name of Employer

Street

P.O. Box

City

State

Zip

Work Phone Number

Work Fax Number

**Applicant Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### III. INJURED/DECEASED PARENT INFORMATION

Parents' name \_\_\_\_\_

First Middle Last Relationship

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 Telephone #

Employer telephone (\_\_\_\_) \_\_\_\_\_ Workers' occupation/job title \_\_\_\_\_

Workers' comp. insurance carrier: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name Telephone

Street P.O. Box

City State Zip

Workers' Comp. Claim/File # \_\_\_\_\_

**AT THIS TIME, IS THERE A WORKERS' COMPENSATION ACTION PENDING?** Yes \_\_\_ No \_\_\_ If yes, Briefly explain:  
\_\_\_\_\_

Has or will the worker return to work? Yes \_\_\_ No \_\_\_ If yes, expected date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Applicant Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**What are your curriculum plans for:**

- |             |                 |                 |
|-------------|-----------------|-----------------|
| Fall 2010   | _____ Full time | _____ Part Time |
| Winter 2011 | _____ Full time | _____ Part Time |
| Spring 2011 | _____ Full time | _____ Part Time |
| Summer 2011 | _____ Full time | _____ Part Time |

1. In the fall of 2010, you will be \_\_\_ first-year \_\_\_ sophomore/second year \_\_\_ junior/third year \_\_\_ senior/fourth year

2. When will you graduate from your institution?

- |            |          |          |          |          |          |
|------------|----------|----------|----------|----------|----------|
| ___ Fall   | ___ 2010 | ___ 2011 | ___ 2012 | ___ 2013 | ___ 2014 |
| ___ Spring | ___ 2011 | ___ 2012 | ___ 2013 | ___ 2014 | ___ 2015 |

**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 education institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, type of work: \_\_\_\_\_ Hrs. per week: \_\_\_\_\_ Average amount earned academic year \$ \_\_\_\_\_

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

If yes, on what date was your FAFSA filed? \_\_\_\_/\_\_\_\_/\_\_\_\_

If no, on what date will your FAFSA be filed? \_\_\_\_/\_\_\_\_/\_\_\_\_

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 by the April 15<sup>th</sup> deadline please **FAX** a copy of this letter to the Kids' Chance office (610) 970-7520 **BY JUNE 30th**.

**WE MUST HAVE THE FINANCIAL AID AWARD LETTER TO PROCESS YOUR APPLICATION.**

**Applicant Name:** \_\_\_\_\_

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**V. FINANCIAL AFFIDAVIT OF APPLICANT'S FAMILY RESIDING IN SAME HOUSEHOLD**

**Family Income:**

**Monthly Average:**

- |  |                 |
|--|-----------------|
| 1. Worker's Compensation Payment   | \$ _____        |
| 2. Disability Insurance Payment  | \$ _____        |
| 3. Other Insurance Payments  | \$ _____        |
| 4. Total Income per month of parent of injured/ill or deceased worker  | \$ _____        |
| 5. Other Parent's Income (if any)  | \$ _____        |
| 6. Financial assistance from any state or federal agency, such as welfare (specify):<br>_____  | \$ _____        |
| 7. Child support payments received on behalf of children residing in same household with applicant   | \$ _____        |
| 8. Additional income of applicant and other dependents of injured/ill or deceased worker<br>residing in same household as applicant:<br>Name: _____ Income Type: _____ | \$ _____        |
| Name: _____ Income Type: _____   | \$ _____        |
| 9. Interest/annuity/dividend income (Specify) _____  | \$ _____        |
| 10. All Other Income (e.g. litigation settlement, lottery—please specify)<br>_____   | \$ _____        |
| <b>AVERAGE TOTAL MONTHLY FAMILY INCOME</b>   | <b>\$ _____</b> |

Please explain in detail any anticipated future changes in family income:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Family Expenses:**

**Monthly Average:**

1. Rent, mortgage payment \$ \_\_\_\_\_

2. Utilities \$ \_\_\_\_\_

3. Food \$ \_\_\_\_\_

4. Clothing \$ \_\_\_\_\_

5. Car Payment \$ \_\_\_\_\_

6. Insurance (homeowners, auto, etc.) \$ \_\_\_\_\_

7. Medical & dental insurance and bills (not covered by worker's compensation) \$ \_\_\_\_\_

8. Telephone \$ \_\_\_\_\_

9. Child support payments made to children not residing in applicant's household \$ \_\_\_\_\_

10. Taxes  
    - Property \$ \_\_\_\_\_  
    - School \$ \_\_\_\_\_

11. Any other monthly expenses (specify):  
Expense Type: \_\_\_\_\_ \$ \_\_\_\_\_  
Expense Type: \_\_\_\_\_ \$ \_\_\_\_\_  
Expense Type: \_\_\_\_\_ \$ \_\_\_\_\_

**AVERAGE TOTAL MONTHLY FAMILY EXPENSES:** \$ \_\_\_\_\_

Please explain in detail any anticipated future changes in family expenses:

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**Applicant Name:** \_\_\_\_\_

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Family Assets:**

- 1. Cash on hand or in bank accounts (savings, checking, CD's, etc.) \$ \_\_\_\_\_
  - 2. Stocks, Bonds, Investments \$ \_\_\_\_\_
  - 3. Real Estate (equity in home, other property) \$ \_\_\_\_\_
  - 4. Automobiles (current value) \$ \_\_\_\_\_
  - 5. Other vehicles (current value) \$ \_\_\_\_\_
  - 6. Other personal property (current value) \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - 7. Other assets (specify) \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL CURRENT FAMILY ASSETS \$ \_\_\_\_\_

**Current Family Liabilities:**

- 1. Real Estate Mortgage \$ \_\_\_\_\_
  - 2. Credit Cards \$ \_\_\_\_\_
  - 3. Automobile Loans \$ \_\_\_\_\_
  - 4. Medical Bills \$ \_\_\_\_\_
  - 5. Other bills/debts/loans (specify) \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL CURRENT FAMILY LIABILITIES \$ \_\_\_\_\_

**Litigation Income/Awards (REQUIRED TO PROCESS APPLICATION):**

- 1, Has any family member been awarded income as a result of a lawsuit or as a result of a settlement of a lawsuit?  
\_\_\_ Yes \_\_\_ No
  - 2. Is any family member currently a plaintiff/claimant in a lawsuit from which additional income or settlement may be awarded?  
\_\_\_ Yes \_\_\_ No
- If yes to either, please explain in some detail. Please include a contact name and phone number.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**VI. ATTESTATION/AUTHORIZATION STATEMENT**

I certify that all of 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 KIDS' CHANCE OF PA, INC. I hereby give consent to KIDS' CHANCE OF PA, INC. to verify contents of this application and attachments.

I hereby give consent to KIDS' CHANCE OF PA, 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 awarded a scholarship grant, I hereby give consent for KIDS' CHANCE OF PA, INC. to forward my information to the PATH Program of PHEAA and the American Education Services in order to determine eligibility for a PATH grant.

If I am awarded funds, I agree to provide KIDS' CHANCE OF PA, 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, fax or e-mail, updates with information on academic/extracurricular progress and successes to Kids' Chance.

I understand that scholarships granted by KIDS' CHANCE OF PA, INC., are benevolent awards and these are made on the basis of the funds available to the KIDS' CHANCE OF PA, INC. organization. I further understand that the selection of the recipients of KIDS' CHANCE OF PA, INC. scholarships is a determination made solely by the KIDS' CHANCE OF PA, 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/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?

\_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**VII. ADDITIONAL DOCUMENTS REQUIRED****REQUIRED (Please submit with your application)**

\_\_\_ A completed Kids' Chance Scholarship Applications.

\_\_\_ If a graduating senior, a high school transcript of grades.

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

\_\_\_ 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 15<sup>th</sup> deadline, you must **FAX** a copy of this letter or, if the letter is still not available, **CONTACT** the Kids' Chance office, **BY JUNE 30<sup>th</sup>**. **WE MUST HAVE THE FINANCIAL AID AWARD LETTER TO PROCESS YOUR APPLICATION.**

\_\_\_ 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 or fax the statement to the Kids' Chance office no later than July 15. **WE MUST HAVE YOUR STUDENT ACCOUNT STATEMENT TO PROCESS YOUR APPLICATION.**

\_\_\_ Proof that parent has sustained a catastrophic injury/illness resulting from work-related accident; for example, a copy of a court order, an accident report, or a statement from the workers' compensation insurance carrier. Note: A doctor's statement or Social Security Administration statement is not sufficient.

\_\_\_ 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 2010-2011 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 PA, 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 education 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 Pennsylvania.

**PLEASE SUBMIT COMPLETED APPLICATION AND ATTACHMENTS NO LATER THAN APRIL 15, 2010 TO:**

KIDS' CHANCE OF PENNSYLVANIA  
APPLICATION COORDINATOR  
PO BOX 543  
POTTSTOWN, PA 19464  
E-MAIL: [info@kidschanceofpa.org](mailto:info@kidschanceofpa.org)  
WEBSITE: [www.kidschanceofpa.org](http://www.kidschanceofpa.org)

**If you have application questions or concerns, please call Kids' Chance at 610-970-9143.**