

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 2008	_____ Full time	_____ Part Time
Winter 2009	_____ Full time	_____ Part Time
Spring 2009	_____ Full time	_____ Part Time
Summer 2009	_____ Full time	_____ Part Time

1. In the fall of 2008, you will be ___ first-year ___ sophomore/second year ___ junior/third year ___ senior/fourth year

2. When will you graduate from your institution?

___ Fall	___ 2008	___ 2009	___ 2010	___ 2011	___ 2012
___ Spring	___ 2009	___ 2010	___ 2011	___ 2012	___ 2013

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 15th deadline please **FAX** a copy of this letter to the Kids' Chance office (610) 970-7520 **BY MAY 20th**.

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):
_____ | \$ _____ |
| 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
residing in same household as applicant:
Name: _____ Income Type: _____ | \$ _____ |
| Name: _____ Income Type: _____ | \$ _____ |
| 9. Interest/annuity/dividend income (Specify) _____ | \$ _____ |
| 10. All Other Income (e.g. litigation settlement, lottery—please specify)
_____ | \$ _____ |
| AVERAGE TOTAL MONTHLY FAMILY INCOME | \$ _____ |

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:

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 matching grant.

If I am awarded funds, I agree to provide KIDS' CHANCE OF PA, INC. with a letter of thanks (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)

___ 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 15th deadline, you must **FAX** a copy of this letter or, if the letter is still not available, **CONTACT** the Kids' Chance office, **BY MAY 20th**. **WE MUST HAVE THE FINANCIAL AID AWARD LETTER 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 2008-2009 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, 2008 TO:

KIDS' CHANCE OF PENNSYLVANIA
APPLICATION COORDINATOR
PO BOX 543
POTTSTOWN, PA 19464
FAX: (610) 970-7520
E-MAIL: info@kidschanceofpa.org

If you have application questions or concerns, please call Kids' Chance at 484-945-2104.