



KIDS' CHANCE OF IDAHO SCHOLARSHIP APPLICATION 2017-2018.

PLEASE PRINT ALL INFORMATION REQUESTED

Application Type (please check one): New Resubmission

If you were awarded a Kids' Chance Scholarship in the past years, what were the amounts of the Awards?
2015 - 2016\$ _____ 2016 - 2017\$ _____

Completed applications and all supporting documents for annual scholarships must be received by Kids' Chance of Idaho **no later than April 15, 2018**. Applications and supporting information, OTHER THAN THE FINANCIAL AID AWARD LETTER AND STUDENT ACCOUNT STATEMENT, IF NOT AVAILABLE BY THAT DATE, will not be accepted after the deadline. You will be notified in September whether you have been awarded a scholarship.

I. STUDENT APPLICANT INFORMATION

Name: _____

First Middle Last

Present Address: _____

Street Apt. # County

Home telephone: _____ Cell Phone: _____ Email: _____

City State Zip

Age: _____ Date of Birth _____ / _____ / _____

II. FAMILY INFORMATION

Father's Name: _____

First Middle Last

Mother's Name: _____

First Middle Last

Parent's Address (if different from above): _____

Street Apt. #

City State Zip

Parents' phone: () _____ How many residing in Household: ___ Less than 18 years old ___

Parent's Email: _____ Parent's Cell Phone: () _____

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

If yes, name of employer: _____

Name of Employer

Street PO Box

City State Zip

Work Phone Number

Work Fax Number

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Applicant Name: _____

III. INJURED/DECEASED PARENT INFORMATION

Parent's Name: _____
First Middle Last Relationship

Date of work injury/death _____ / _____ / _____
M D Y

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

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

_____ Street P.O. Box

_____ City State Zip

Industrial Commission Claim No.: _____ Social Security No.: _____

AT THIS TIME, IS THERE A WORKERS' COMPENSATION ACTION PENDING? Yes No

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 extracurricular 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

Name: _____ **Admitted:** Yes No Pending

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Applicant Name: _____

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 (2 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 2017 | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Winter 2017-18 | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Spring 2018 | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Summer 2018 | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |

In the Fall of 2017 you will be first-year second year third year fourth year

Annual Tuition \$ _____

Do you intend to: Commute from home Live on campus Live off-campus in a rental unit

If on-campus, Annual Room \$ _____ Annual Meal Plan (Board) \$ _____

If you will be living off-campus, *and you will NOT be living with your parent(s)*, what will be the yearly cost of your off-campus rent & 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 April 15th deadline please **MAIL** a copy of this letter to the Kids' Chance office **BY JULY 15th**.

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

Have you received your Student Account Statement from your educational institution's Bursar's

Office/Business office? Yes No

IF 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 15th deadline, please **MAIL** a copy of this statement to Kids' Chance office **BY JULY 15th**.

WE MUST HAVE THE STUDENT ACCOUNT STATEMENT TO PROCESS YOUR APPLICATION.

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Applicant Name: _____

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.

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 IDAHO. I hereby give consent to KIDS' CHANCE OF IDAHO to verify contents of this application and attachments.

I hereby give consent to KIDS' CHANCE OF IDAHO, its agents, employees, or designees to contact and verify my information contained in this application and attachments by contact with any individual, governments, 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 IDAHO 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 to academic/extracurricular progress and successes to Kids' Chance.

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

VII. ADDITIONAL DOCUMENTS REQUIRED

REQUIRED (Please submit with your application)

- _____ A completed Kids' Chance Scholarship 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 July 15th. 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 educational institution's Bursar's Office/Business office? This statement will likely be mailed to you by early July. Please email or fax a copy of this statement to Kids' Chance office no later than July 15th. WE MUST HAVE THE STUDENT ACCOUNT STATEMENT TO PROCESS YOUR APPLICATION.
- _____ Proof that parent has sustained a catastrophic injury/illness resulting from a work-related accident; for example, a copy of a court order, and 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 2017-2018 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 IDAHO organization should consider when reviewing your scholarship request.

The amount of each Kids' Chance Scholarship is decided by the KIDS' CHANCE OF IDAHO organization and will be paid directly to your 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 Idaho.

PLEASE SUBMIT COMPLETED APPLICATION AND ATTACHMENTS NO LATER THAN April 15th, 2018 TO:

KIDS' CHANCE OF IDAHO
Application Coordinator
1703 W. Hill R.
Boise, ID 83702
Email: wilson@bvwcomplaw.com

If you have application questions or concerns, please call Kids' Chance at (208) 387-2667.