



**PLEASE PRINT ALL INFORMATION REQUESTED**

**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 2019      | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Winter 2019-20 | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Spring 2020    | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Summer 2020    | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |

In the Fall of 2019 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 15<sup>th</sup>**.

**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 15<sup>th</sup>**.

**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.

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**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 you 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 July 15<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 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 15<sup>th</sup>. 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, 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 2019-2020 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, 2020 TO:

KIDS' CHANCE OF IDAHO  
Application Coordinator  
1703 W. Hill Rd.  
Boise, ID 83702  
Email: [wilson@bvwcomplaw.com](mailto:wilson@bvwcomplaw.com)

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