

Scholarship Application



Scholarship Application

Kids' Chance of California, Inc. is a non-profit organization established to provide post-secondary scholarships to dependent children of workers that have been killed or seriously injured in a work-related accident or occupational disease with a California employer. Scholarships are awarded once a year and students may apply every year they attend classes. Current annual scholarship amounts range from \$2,500 to \$10,000.

Eligibility Requirements

- Applicant must be between the ages of 16–25 years old
- Applicant must be the child or legal dependent of a worker killed or seriously injured in a compensable work-related accident or occupational disease with a California employer.
- Student applicant and/or deceased/injured worker are not required to be a legal resident of California.
- Applicant must be able to demonstrate financial need.
- Applicant must be enrolled, accepted or applying for acceptance as a full-time or part-time student at a university, college or technical school.
- Academic achievement, aptitude and community service of the applicant are considered. Students who have completed at least one-year of college/secondary education must have a cumulative GPA of at least 2.0.

Documentation Required:

- A completed Kids' Chance of California Scholarship Application
- Transcript of most recent grades
- Copy of the last two years' Federal tax returns of Applicant and Applicant's parents/legal guardian
- Financial aid applications, including FAFSA if applicable, and replies from college(s) or technical school(s)
- Student account statement from the university, college, technical school or high school applicant plans to attend
- Documentation of compensability – death certificate of deceased parent or current medical/rehabilitation reports of injured parent and letter from claims adjuster, settlement documents or findings and award by a Workers' Compensation Appeals Board (WCAB) judge indicating that the parent's injury or death was determined to be work-related or compensable.
- Brief description of the accident
- Essay or statement regarding goals
- Letter(s) of recommendation

All decisions are at the discretion of the Board of Directors of Kids' Chance of California, Inc.

Application Instructions

Complete and submit application, along with all supporting documents and return by mail to:

Kids' Chance of California, Inc.
Attn: Scholarship Committee
781 Beach Street, Suite 302
San Francisco, CA 94109-1245

1. Kid's Chance of California, Inc. will do a preliminary review of all applications for completeness. If your application is incomplete, you will be contacted and asked to provide the missing information.
2. The Kids' Chance of California, Inc. Scholarship Committee will review all complete applications and will verify the eligibility of each Applicant.
3. Kids' Chance Board of Directors will review all applications and the recommendations made by the Scholarship Committee and make a final determination regarding the scholarships to be awarded.
4. Kids' Chance of California will then notify the applicant of his/her award and how to obtain the awarded scholarship funds.
5. Scholarships are awarded annually and subject to enrollment documentation.

Applicant (Child/Student) Information

Applicant's Name:

First Middle Last

Applicant's Address:

City State ZIP Code

Applicant's Telephone Number(s):

Home Work Cell

Applicant's Email Address:

Date of Birth (MM/DD/YYYY) ____/____/____

Parental/Guardian Information

Parent/Guardian's Name:

First Middle Last

Address (if different from above):

City State ZIP Code

Parent/Guardian's Telephone Number(s):

Home Work Cell

2nd Parent/Guardian's Name:

First Middle Last

Address (if different from above):

City State ZIP Code

Parent/Guardian's Telephone Number(s):

Home Work Cell

Injured/Deceased Worker Information:

Name of Injured/Deceased Worker:

First Middle Last

Address:

City State ZIP Code

Date of Birth (MM/DD/YYYY) ____/____/____

WCAB Case Number(s): _____

Employer of Record (when accident/injury/illness/death occurred):

Name of Employer

Employer Address:

City/Town _____ State CA ZIP Code: _____

Date of Injury: (MM/DD/YYYY)

Nature of Occurrence: (please select only one of the following)

- Death related to occupational accident/injury
- Death related to occupational illness
- Work-related catastrophic injury/illness

Description of accident/injury:

Has/will the injured/ill worker return to work? Yes No

If yes, when: (MM/DD/YYYY) _____

Applicant – School Information

Current School

High School

Attended/Attends _____

School's Address: _____

City/Town _____ State _____ ZIP Code: _____

School/Institution Applicant Plans to Attend

Name of

Institution: _____

Address: _____

City/Town _____ State _____ ZIP Code: _____

Have you already been accepted by this institution? Yes No

Date you will be starting/continuing education at this institution is: (MM/YYYY) _____

Major Field of Study: _____

Career

objectives: _____

Tuition Information: _____

Have you been awarded any other scholarship or financial aid? Yes No

If yes, please identify the entity that has awarded the scholarship/financial aid and specify the amount of awarded.

Entity Name: _____ Amount Awarded: _____

Entity Name: _____ Amount Awarded: _____

Entity Name: _____ Amount Awarded: _____

Please list all other forms of scholarships and/or financial aid for which you have applied.

Entity Name: _____ Request Denied Awaiting Response

Entity Name: _____ Request Denied Awaiting Response

Entity Name: _____ Request Denied Awaiting Response

Financial Information of Family (residing in same household) of Applicant

PLEASE NOTE: The following financial information pages do not need to be completed if you have already completed a FAFSA. Please include a copy of the FAFSA with your application materials

Current Family Income (Monthly Average)

Worker's Compensation Benefit	\$ _____
Disability Insurance	\$ _____
Other Insurance Payments	\$ _____
Student Applicant's Income	\$ _____
Parent/Guardian 1 Income - Name: _____	\$ _____
Parent/Guardian 2 Income - Name: _____	\$ _____
Member of Household Income - Name: _____	\$ _____
Member of Household Income - Name: _____	\$ _____
State or Federal financial Assistance	\$ _____
Child Support Payments	\$ _____
Interest/dividend/annuity income	\$ _____
Other Income - Description: _____	\$ _____
Total Average Monthly Income:	\$ _____

Please explain in detail any anticipated future changes in average monthly income:

Current Family Expenses (Monthly Average)

Rent/House Payment	\$ _____
Food	\$ _____
Clothing	\$ _____
Incidentals	\$ _____
Medical/Dental bills (not covered by workers' comp. Or other insurance)	\$ _____
Car Payments	\$ _____
Maintenance for cars, including gas & oil	\$ _____
Recreation	\$ _____
Health Insurance Payments	\$ _____
Automobile insurance	\$ _____
Homeowner's/renter's/casualty insurance	\$ _____
Taxes – property	\$ _____
Taxes – other	\$ _____
Utility Bills (Electric, Gas, Water, etc.)	\$ _____
Child support payments (made to children not residing in applicant's household)	\$ _____

Current Family Expenses (Monthly Average) cont.

Any other monthly expenses (please specify) \$ _____
 Item 1 _____ \$ _____
 Item 2 _____ \$ _____
 Item 3 _____ \$ _____
Total Average Monthly Expenses \$ _____

Please explain in detail any anticipated future changes in average monthly expenses:

Total Current Assets of Family

Cash on hand or in banks (savings, checking, etc.) \$ _____
 Stocks, Bonds, Notes \$ _____
 Real Estate – Home \$ _____
 Other real estate \$ _____
 Automobiles \$ _____
 Other Vehicles (e.g. boats, snowmobiles, etc.) \$ _____
 Other Assets, please itemize: \$ _____
 Asset 1 _____ \$ _____
 Asset 2 _____ \$ _____
 Asset 3 _____ \$ _____

Estimated Total Current Family Assets

\$ _____

Total Current Liabilities of Family

Real Estate Mortgage \$ _____
 Automobile Loans \$ _____
 Total other notes/loans, please itemize \$ _____
 Loan 1 _____
 Loan 2 _____
 Loan 3 _____
 Total other bills/liabilities/debts, please itemize \$ _____
 Debt 1 _____ \$ _____
 Debt 1 _____ \$ _____
 Debt 1 _____ \$ _____
 Debt 1 _____ \$ _____

Total Current Family Liabilities \$ _____

Is any family member currently a plaintiff/claimant in a lawsuit from which additional income or a settlement may be awarded? Yes No

If Yes, please explain:

SIGNATURE PAGE

By my signature below, I declare under penalty of perjury that the foregoing statement(s), including my accompanying statements and/or documentation is to the best of knowledge and belief, true, correct, and complete.

Signature:

Date:

Please note: Applications are only considered submitted when all required documentation has been received by Kids Chance of California, Inc.

If you have any questions about completing this scholarship application, call Kids' Chance of California at 415-561-6275.