



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 compensable 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.

Documentation Required:

- A completed Kids' Chance of California Scholarship Application
- Transcript of most recent grades
- Copy of the last two (2) 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 WCAB judge indicating that the parent's injury or death was determined to be work-related/compensable.
- Brief description of the accident
- Essay/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
P.O. Box 192052
San Francisco, CA 94119-2051

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

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.

Kids' Chance California, 781 Beach Street, Suite 302, San Francisco, CA 94109-1245
Phone: 415-561-6275 Web: <http://kidschanceca.org/> Email: scholarship@kidschanceca.org

TO BE COMPLETED BY THE STUDENT

Submitting this form does not guarantee that the student will receive funding.

First name: _____ Last name: _____

Student ID: _____ Phone No.: _____ Last 4 digits of Social Security No.: _____

Do you plan to enroll full-time for the 2017-2018 academic year? Yes No

I plan to enroll in _____ Fall 2017 credits and _____ Spring 2018 credits

Student signature release: _____ Date: _____

I have applied for a Kids' Chance California scholarship for the 2017-18 academic year to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to Kids' Chance California, Inc.

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

Please provide the requested financial aid information based on the student's reported enrollment plans above.

School Name: _____

Campus Location: _____

Calendar System Semester Trimester Quarter

Current Fall 2017 Credits Enrolled: _____ Current Spring 2018 Credits Enrolled: _____

Has student submitted a 2017-2018 FAFSA? Yes No Federal Expected Family Contribution: \$ _____

Institutional Expected Family Contribution: \$ _____

Yearly Cost of Attendance*: \$ _____ (*As defined by the U.S. Higher Education Act of 1965, to include tuition, fees, room, board, transportation, books, supplies, etc.)

2017-18 Pell Grant Amount Offered: \$ _____

If Pell Grant not available, please indicate reason: EFC Too High Not Meeting SAP Other

Does this student meet Satisfactory Academic Progress? Yes No

Maximum amount student can receive before institutional grant is reduced: \$ _____

Total amount of Gift Aid/Grants/Scholarships offered (2017-18 Yearly Total only, including Pell Grant amount): \$ _____

Student's major: _____ Student's Cumulative GPA (not required if student is newly admitted): _____

Student's grade level (FR, SO, JR, SR): _____

Signature of Financial Aid representative: _____ Date: _____

Print Name: _____ Direct Phone: _____

Email: _____

PLEASE SUBMIT FORM TO: Kids' Chance California, 781 Beach Street, Suite 302,
San Francisco, CA 94109-1245 or email to scholarship@kidschanceca.org