



# Scholarship Application



# Scholarship Application

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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 \$1,000 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
- 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

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

**Kids' Chance of California, Inc.**  
**Attn: Scholarship Committee**  
**781 Beach St, 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

**2<sup>nd</sup> 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: \_\_\_\_\_

**SIGNATURE PAGE**

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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 of California, 781 Beach Street, Suite 302, San Francisco, CA 94109-1245  
Phone: 415-561-6275 Web: <http://kidschanceca.org/> Email: [scholarship@kidschanceca.org](mailto: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 of 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 of California, 781 Beach Street, Suite 302, San Francisco, CA 94109-1245 or email to [scholarship@kidschanceca.org](mailto:scholarship@kidschanceca.org)