

# Scholarship Re-Application

## Checklist

- \_\_\_ Complete and sign this Kids' Chance of CA Scholarship Re-Application (2 pages)
- \_\_\_ Submit current academic transcript/proof of enrollment status. Student must have cumulative GPA of 2.0.
- \_\_\_ Include documentation (if applicable) of change in status of parent's workers' compensation claim
- \_\_\_ Write a one-page essay on how you have benefitted from your Kids' Chance of CA scholarship
- \_\_\_ Complete your portion of the "Financial Aid Release Form" and have your school's financial aid office complete their portion and submit it to Kids' Chance of California.

**Please Submit the Completed Re-Application and Supporting Documents to:**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Where you want to receive official notification of your application request)

Home Phone: \_\_\_\_\_ Cell Phone/Text: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred way to be contacted: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

School Year: \_\_\_\_\_ Major: \_\_\_\_\_

Enrollment status/any change in circumstances: \_\_\_\_\_

\_\_\_\_\_

Has there been any change in the status of your parent's workers' compensation claim?  
Yes\_\_\_ No\_\_\_

If yes, please explain and provide documentation: \_\_\_\_\_  
\_\_\_\_\_

What was the year and amount of any previous Kids' Chance of California Scholarship?  
Year/Amount: \_\_\_\_\_

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: \_\_\_\_\_

Signature of parent/guardian (if under 18): \_\_\_\_\_

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 or need assistance completing the re-application, please contact:  
Dennis A. Popalardo, Jr., Scholarship Committee Chair at [DPopalardo@boxerlaw.com](mailto:DPopalardo@boxerlaw.com)  
or call the Kids' Chance of CA headquarters at 415-561-6275.

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)