



KIDS' CHANCE
SCHOLARSHIP APPLICATION
CHECKLIST

IT IS IMPORTANT THAT ALL THE NECESSARY DOCUMENTS ABE INCLUDED WITH YOUR SCHOLARHIP APPLICATION. PLEASE USE THIS CHECK LIST TO ENSURE THAT YOUR APPLICATION WILL BE REVIEWED AND PROCESSED FOR RECOMMENDATIONS WITHOUT THE NEED TO REQUEST ADDITIONAL INFORMATION.

- APPLICATION – Completed and signed
- HIGH SCHOOL TRANSCRIPT – Showing grades and attendance or If attending college, previous semester's transcript
- LETTERS OF RECOMMENDATION – Not from relatives
- DEATH CERTIFICATE - If applicable
- VERIFICATION OF SCHOOL ATTENDANCE
- ESTIMATED COST OF REGISTRATION, TUITION, TEXT BOOKS, LIVING EXPENSES AND OTHER COSTS
- ONE PAGE LETTER EXPLAINING EDUCATIONAL GOALS AND THE NEED FOR FINANCIAL ASSISTANCE, VERIFICATION AS APPROPRIATE FOR EXPENSES
- LIST ALL SOURCES OF INCOME

Kids' Chance Inc.

Scholarship Application
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SCHOLARSHIP APPLICATION

P.O. Box 36753 • Phoenix • AZ 85067-6753 • (602) 253-4360

1. Name _____

First Middle Last

2. Address _____

Street Apt.

City State Zip Code

3. Home Phone: (_____) _____

4. Date of Birth _____ Social Security Number _____

5. Parents' Names: Father _____

Mother _____

6. Number of family members living at home dependent upon the injured or deceased parent _____

7. Injured or deceased parent: Name _____

Social Security No. _____ Date of Injury/Death _____

Claim No. _____

Name, Address, Phone Number of employer: _____

Name, Address, Phone number of workers' compensation insurance company

8. Name and address of high school attended _____

9. Institution planning to attend: _____

10. Address of Institution: _____

11. Major field of intended study _____

12. Career Objective: _____

13. Other types of scholarships for financial aid you have applied for: _____

14. Have you been awarded any other scholarships for financial aid? yes no

If so, please identify and state the amount of each: _____

15. Other circumstances which you feel Kids' Chance, Inc. should know in reviewing your scholarship request: _____

16. For potential/technical or college students:

A. Names and addresses of schools applied to: _____

B. If you have been accepted for admission, please name the school(s): _____

FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT RESIDING IN SAME HOUSEHOLD

FAMILY INCOME: *(Averaged on a monthly basis)*

- 1. Workers' Compensation Payment \$ _____
- 2. Disability Insurance \$ _____
- 3. Other Insurance Payments \$ _____
- 4. Income per month of spouse of injured or deceased employee \$ _____
- 5. Additional income of other dependents of injured or deceased employee residing in same household with applicant. \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- 6. Financial assistance from any state or federal agency, such as welfare. \$ _____
- 7. Child support payment received on behalf of children residing in same household with applicant. \$ _____
- GRAND TOTAL OF HOUSEHOLD INCOME:** \$ _____

EXPENSE OF FAMILY: *(Averaged on a monthly basis)*

1. Rent, house payment \$ _____
 2. Food \$ _____
 3. Clothing \$ _____
 4. Incidentals \$ _____
 5. Medical & Dental Bills (to extent not covered by
workers' compensation) \$ _____
 6. Car Payments \$ _____
 7. Maintenance for cars, including gas and oil \$ _____
 8. Recreation \$ _____
 9. Health Insurance Payments \$ _____
 10. Insurance for cars and house \$ _____
 11. Taxes-property \$ _____
 12. Electricity \$ _____
 13. Gas (for heating) \$ _____
 14. Telephone \$ _____
 15. Water \$ _____
 16. Child support payments made to children not residing in
applicant's household \$ _____
 17. Rent, house payment, mortgage (second) \$ _____
- GRAND TOTAL OF MONTHLY EXPENSES:** \$ _____

TOTAL ASSEST OF FAMILY:

- 1. Cash on hand or in banks \$ _____
- 2. Stocks, bonds, notes \$ _____
- 3. Real Estate \$ _____
 - Home \$ _____
 - Other \$ _____
- 4. Automobiles \$ _____
- 5. Other personal property \$ _____
 - _____ \$ _____
- 6. Itemize other assets
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

TOTAL LIABILITES OF FAMILY:

- 1. Credit Union \$ _____
- 2. Real Estate Mortgage \$ _____
- 3. Automobile loans \$ _____
- 4. Other notes or loans \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
- 5. Other Bills \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

I certify that the above information is true and correct to the best of my knowledge and belief.

Signature

Date

ADDITIONAL DOMCUMENTS REQUIRED

1. High School Transcript of grades
2. Letters of recommendation
3. Current rehabilitation reports on injured parent
4. Current medical reports and first report of injury of parent
5. Death certificate of deceased parent (if applicable)
6. Brief description of accident

Please provide a list of names and phone numbers of all persons who assisted the applicant in the preparation of this document:

STATEMENT OF INTENT/AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby apply for a scholarship from KIDS' CHANCE.

I hereby consent for KIDS' CHANCE to verify the contents of this application.

I agree to allow the school to send a copy of each quarter's (or semester's) grades to KIDS' CHANCE. It is fully understood that compliance in this matter is necessary for funds to be paid on a regular basis.

I hereby consent for KIDS' CHANCE , its agents, employees, or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution, or other entity.

In return for the consideration of the application form KIDS' Chance of Arizona is allowed to use the Applicant's name and likeness to advance the charity's purposes and reporting requirements. This includes information to prospective donor groups and individuals to further the goals of KIDS' Chance of Arizona.

Signature

Date