



Eligibility and Application Requirements

Basic Eligibility Requirements

- At least 16, but not more than 25 years old.
- Dependent of a parent who was seriously, catastrophically, or fatally injured in a work-related accident.
- Enrolled as a full-time student at a university, technical school or high school.

Complete Application Package Checklist

- Completed Kids' Chance of Georgia, Inc. scholarship application
- Most current academic transcript (unofficial transcripts are accepted).
- Copy of Student Aid Report (SAR) you received from FAFSA stating the Expected Family Contribution (EFC).
- Copy of the injured parent's WC-1 Form (First report of injury).
- Most recent case manager and/or physician report describing the present medical status of the injured parent.
- Death Certificate for a deceased parent (if applicable).
- Copy of determination letter of "Catastrophic Case" designation by the SBWC
- Brief written description of the accident and resulting injuries.
- Biography from the applicant to include descriptions of their educational goals and how Kids' Chance can help them achieve success. (250-500 words)
- Two current letters of recommendation from non-relatives (teachers, counselors, pastor, etc.)
- Recent digital photograph of the applicant. (Label and email photo only to scholarship@kidschancega.org)

PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTS BY JUNE 30, 2019

Kids' Chance of Georgia, Inc.
P.O. Box 922381
Norcross, GA 30010
(404) 465-3423 – Office
www.kidschancega.org

If you have any questions or need assistance completing your application, please contact:

scholarship@kidschancega.org



2019 – 2020 Scholarship Application

Please mail your completed application along with supporting documents to Kids' Chance in a **9 ½ x12 or larger envelope**. Please do NOT fold or staple the application and supporting documents together. Kids' Chance does not accept applications by email. **The scholarship deadline for the Fall 2019 semester is June 30, 2019.** Any applications received past the deadline will not be processed.

Section A: STUDENT APPLICANT INFORMATION

Name: _____			
First	Middle	Last	
Present Address: _____			
Address			

City	State	Zip	County
Home Telephone: _____		Cell Phone: _____	Email: _____
Age: _____	Date of Birth: ____ / ____ / ____		
	M	D	YR

Section B: FAMILY INFORMATION

Father's Name: _____		Mother's Name: _____	
Parents' Address (if different than above): _____			

City	State	Zip	
Parents' telephone: _____	How many residing in Household: _____	Less than 18 years old: _____	
Parent's Email Address: _____			
Is uninjured/surviving parent employed? Yes ____ No ____ If yes, Full – time or Part – time? (Please circle one)			
If yes, name of employer: _____		Telephone number: _____	

Address			

Section C: INJURED/DECEASED PARENT INFORMATION

Parent's Name: _____
First Last Relationship

Nature: _____ Work related injury
_____ Death related to work injury

Date of Injury or death:
_____/_____/_____
M D YR

Employer's Name: _____

Workers' Comp. Claim/File #: _____

Is **injured** parent currently employed? Yes ____ No ____ If yes, Full – time or Part – time? (Please circle one)

DESCRIPTION of ACCIDENT & RESULTING INJURIES: _____

Attach additional pages, if needed.

Section D: ACADEMIC INFORMATION

Name of school applicant is **CURRENTLY** attending:

Type of educational institution (check one below):

_____ College/University (four year undergraduate degree)

_____ Junior/Community college (two year undergraduate degree)

_____ Trade/Vocational school

_____ High School

If attending college, please list major or area of study: _____

Current GPA: _____

Will you be attending your current school for the 2019 – 2020 academic year? Yes _____ No _____

If no, please list the school you will be attending for the 2019 - 2020 academic year: _____

If you are currently a high school senior, please list the educational institution(s) you have applied to:

School: _____ Admitted: Yes _____ No _____ Pending _____

School: _____ Admitted: Yes _____ No _____ Pending _____

School: _____ Admitted: Yes _____ No _____ Pending _____

In the **Fall of 2019**, you will be a: Freshman _____ Sophomore _____ Junior _____ Senior _____

What year do you expect to graduate? _____ Estimated Annual Tuition \$ _____

You must submit the Free Application for Federal Student Aid (FAFSA) to complete the Kids' Chance Scholarship Application. You should have received a Student Aid Report (SAR). What amount is listed as your "Expected Family Contribution" or EFC? \$_____. Please submit a copy of the EFC statement page with this application.

Please list all scholarships or other financial aid and the amounts you expect to receive for the Fall of 2019:

Will you be employed while attending school? Yes _____ No _____

If yes, Full – time or Part – time? (Please circle one)

Place of Employment: _____

Section E: FAMILY INCOME

<u>Family Income</u>	<u>Monthly Average</u>
1. Workers' Compensation:	\$ _____
2. Disability Insurance (SSDI, etc.):	\$ _____
3. Income from Employment (if any):	\$ _____
4. TOTAL income per month of injured parent: (ADD lines 1-3)	\$ _____
5. TOTAL income per month of injured worker's SPOUSE:	\$ _____
6. Other financial assistance from any state or federal agency:	\$ _____
7. Child support payments received for any child residing in house of applicant:	\$ _____
8. Any additional income from injured worker or their dependents residing in same household as applicant:	
Relationship: _____ Income Amount: \$ _____	
Relationship: _____ Income Amount: \$ _____	
9. Any other income not listed above (litigation settlement, lottery—please specify):	
_____	\$ _____
TOTAL MONTHLY FAMILY INCOME (Add lines 4– 9):	\$ _____
Please explain in detail any anticipated future changes in family income (if any):	

Section F: FAMILY EXPENSES

<u>Family Expenses</u>	<u>Monthly Average</u>
1. Rent or Mortgage payment:	\$ _____
2. Utilities (include power, telephone, cable, water, etc.):	\$ _____
3. Car payments (include car insurance):	\$ _____
4. Household Expenses (include food, auto gas, entertainment, etc.):	\$ _____
5. Out of pocket medical expenses (not covered by insurance or workers' compensation):	\$ _____
6. Child support payments made to children not residing in applicant's household:	\$ _____
7. Any other monthly expenses (credit cards, loans, etc.):	
Expense Type: _____	\$ _____
Expense Type: _____	\$ _____
Expense Type: _____	\$ _____
TOTAL MONTHLY FAMILY EXPENSES (Add lines 1-7):	\$ _____

Please explain in detail any anticipated future changes in family expenses:

Litigation Income/Awards (REQUIRED TO PROCESS APPLICATION):

1. Has any family member been awarded income as a result of a lawsuit or a workers' compensation settlement?

Yes _____ No _____

2. Is any family member currently a plaintiff/claimant in a lawsuit or workers' compensation claim from which additional income or settlement may be awarded?

Yes _____ No _____

If yes to either question, please explain: _____

Section G: Authorization Statement

I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Scholarship Applicant

Date

Signature of Parent/Guardian/Other Person Assisting in the Completion of Application

Date

PLEASE READ CAREFULLY:

I hereby apply for a scholarship from Kids' Chance of Georgia, Inc. I understand that scholarships granted by Kids' Chance of Georgia, Inc. are benevolent awards and these are made on the basis of funds available to the Kids' Chance of Georgia, Inc. organization. I further understand that the election of the recipients of Kids' Chance of Georgia, Inc. scholarships is a determination made solely by Kids' Chance of Georgia, Inc. and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance of Georgia, Inc. scholarship awards, as well as the amounts of any such awards and terms thereof, and that I am in no way legally entitled to any scholarship, award, or grant on the basis of this application. If an award or other payments is granted to me, I am in no way legally entitled to any continuation or renewal thereof. Eligibility for scholarships is limited to five academic years from the first post-high school award, not to include graduate studies. All applications are subject to review by the Scholarship Committee and Board of Directors.

I hereby consent Kids' Chance of Georgia, Inc., 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. I agree to send a copy of each term's grades to Kids' Chance of Georgia, Inc. as soon as practical at the end of the term. I understand that any intentionally false or misleading information I have submitted on this application will result in immediate rejection, cancellation of award and/or return of expended funds.

It is the policy of Kids' Chance to safeguard personal, health, employment and financial information. Kids' Chance does not sell contact information or share information with outside organizations or agencies. However, if a scholarship is awarded, I hereby grant Kids' Chance of Georgia, Inc. to use my name and likeness/my child's name and likeness, the content of biographical statements, descriptions of goals, the work injury incident and resulting injuries and residual, related disabilities provided in and with this application in materials used by Kids' Chance for its promotional purposes and its reporting requirements. This includes information provided to current and prospective donor groups and individuals to further the mission of Kids' Chance of Georgia, Inc.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Where did you learn about Kids' Chance? Internet search ____ High School Guidance Counselor ____
Referral from lawyer, case manager, etc. _____

If referred, please list your referral source and their contact information:

