



## **Eligibility and Application Requirements**

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### **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 Georgia 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 (if applicable)
- 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](mailto:scholarship@kidschancega.org))

**PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TOGETHER**

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

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

[scholarship@kidschancega.org](mailto:scholarship@kidschancega.org)



## Kids' Chance of Georgia Scholarship Application

Return your completed application along with supporting documents by mail to Kids' Chance of Georgia PO Box 922381 Norcross, GA 30010 or by email to [scholarship@kidschancega.org](mailto:scholarship@kidschancega.org).

### 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 <b>uninjured/surviving</b> parent employed? Yes ___ No ___ If yes, Full – time or Part – time? (Please circle one)				
If yes, name of employer: _____			Telephone number: _____	
_____				
Address				



## 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 upcoming academic year? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list the school you will be attending for the upcoming 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 \_\_\_\_\_

Next semester, 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 upcoming semester: \_\_\_\_\_

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**

**Family Income**

**Monthly Average**

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 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:

\_\_\_\_\_  
\_\_\_\_\_