

**KIDS' CHANCE OF WISCONSIN, INC.
NEW SCHOLARSHIP APPLICATION**

Application DEADLINE for First-Time Applicants is May 1st of each year.

Award recipients generally notified by August, if not sooner.

Are you applying for a New Scholarship (not Renewal)? YES NO

1. STUDENT APPLICANT INFORMATION

Name: _____
First Middle Last

Present Address: _____
Street Apt# County
_____ City State Zip

Home Telephone: _____ Cell Phone: _____

Email: _____

Age: _____ Date of Birth: _____ Social Security #: _____
M D YR

Name of Local/City Newspaper: _____

2. INJURED PARENT INFORMATION

Parent's name _____
First Middle Last Relationship

Social Security #: _____

Date of work injury/illness _____ OR Date of death: _____
M D YR M D YR

Brief Description of Incident/Resulting Injury:

Name of Employer on record (When accident, illness, injury or death occurred)

_____ Name

_____ Street P.O. Box

_____ City State Zip Telephone #

Applicant Name: _____ **DOB:** _____

Workers' comp. insurance carrier: _____

Name

Telephone #

Street

P.O. Box

City

State

Zip

Work Comp Dept Claim # _____ Work Comp. Ins. Co. File #: _____

AT THIS TIME, IS THERE A WORKERS' COMPENSATION ACTION PENDING?

Yes___ No___ If yes, briefly explain (can include in personal statement):

If "Yes," was there an award or settlement made? Yes___ No___

Amount: _____

3. ACADEMIC INFORMATION

Name and address of High School or College/University applicant is currently attending:

School

Street Address

City

State

Zip

Applicant's GPA: _____

Applicant's extra curricular community/school activities:

Intended/Current Major: _____

Applicant's career objectives:

Applicant Name: _____ DOB: _____

Name of educational institution at which you intend to use scholarship:

_____ School

Street Address _____ City _____ State _____ Zip _____

Application Status: Admitted: _____ Pending: _____

Type of educational institution (check one below):

- _____ College/University (four-year undergraduate degree)
- _____ Junior/Community college (two-year undergraduate degree)
- _____ Trade/Vocational school
- _____ Other (specify): _____

Date that you will be beginning/continuing at your educational institution: _____

What are your curriculum plans for:

Fall 20____: _____ Full time _____ Part Time
 Winter 20____: _____ Full time _____ Part Time
 Spring 20____: _____ Full time _____ Part Time
 Summer 20____: _____ Full time _____ Part Time

In the fall of 20____, you will be: _____ first-year _____ sophomore/second year
 _____ junior/third year _____ senior/fourth year

If explanation is needed:

Annual Tuition: \$ _____

(Provide tuition bill or other documentation if possible)

Any other anticipated annual expenses (please list):

Applicant Name: _____ DOB: _____

Attach your Free Application for Federal Student Aid (FAFSA). Date filed _____

If your FAFSA was processed successfully, you should have received a Student Aid Report (SAR) from the FAFSA processing center. On your SAR, what amount is listed as your "Expected Family Contribution," or **EFC?** \$ _____

Have you received a Financial Aid Award Letter from your educational institution's financial aid office? _____ Yes _____ No **IF RECEIVED, ATTACH A COPY.**

Have you received your Student Account Statement from your educational institution's Bursar's Office/Business Office?: _____ Yes _____ No **IF RECEIVED, ATTACH A COPY.**

Financial Aid Officer at your educational institution (if known):

Name/Title: _____

Phone: _____ Email: _____

Applicant Name: _____ DOB: _____

4. APPLICANT AUTHORIZATION/ ATTESTATION STATEMENT
Kids Chance of Wisconsin

I hereby apply for a scholarship with KIDS' CHANCE OF WISCONSIN, INC. I hereby give consent to KIDS' CHANCE OF WISCONSIN, INC. to verify contents of this application and attachments.

I hereby give consent to KIDS' CHANCE OF WISCONSIN, INC., its agents, employees, or designees to contact and verify the information contained in this application and attachments by contact with any individual, state agency, government, educational institution, and other entity.

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.

If I am awarded funds, I agree to provide Kids' Chance with a photo, if available, for use on the website and in publications, to attend special events when feasible, and at the end of each school year to send, fax or e-mail, updates with information on academic/extracurricular progress and successes to Kids' Chance of Wisconsin, Inc..

I understand that scholarships granted by KIDS' CHANCE OF WISCONSIN, INC., are benevolent awards and these are made on the basis of the funds available to the KIDS' CHANCE OF WISCONSIN, INC. I further understand that the selection of the recipients of KIDS' CHANCE OF WISCONSIN, INC. scholarships is a determination made solely by the KIDS' CHANCE OF WISCONSIN, INC. organization and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance scholarship awards, as well as the amounts of any such awards and that I am in no way legally entitled to any scholarship or award on the basis of this application.

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 Applicant

Date

Signature of Parent/Guardian (if applicant is under the age of 18)

Date

Applicant Name: _____ DOB: _____

Kids Chance of Wisconsin
AUTHORIZATION TO OBTAIN WORKER'S COMPENSATION INFORMATION

(To be completed by injured worker or, in cases involving death, by dependent spouse/personal representative/executor of estate)

On behalf of _____ :
Name of Scholarship Applicant

I, _____ (print name), hereby give consent to KIDS' CHANCE OF WISCONSIN, INC., its agents, employees, or designees to contact and verify the information contained in this application and attachments by contact with the Wisconsin Department of Workforce Development, Worker's Compensation Division. This authorization includes allowing KIDS' CHANCE OF WISCONSIN, INC., to obtain a complete copy of the worker's compensation file of scholarship applicant's injured/deceased parent. **This authorization applies to future renewal applications as well.**

To facilitate this communication, please provide:

- Injured/deceased parent full name: _____
- Injured/deceased parent social security number: _____
- Injured/deceased parent date of birth: _____
- Injured/deceased parent date of injury/death: _____
- Work Comp Claim No. (if known): _____
- Injury Employer (if known): _____

Signature of Injured Worker/Parent

Date

Signature of Dependent Spouse or Personal Representative/Executor of Estate (in cases of death)

Date

5. ADDITIONAL DOCUMENTS REQUIRED (Submit with Application)

Scholarship Eligibility

- A child of a parent who sustained a work-related serious injury or fatality, covered by the worker's compensation laws of Wisconsin. Parent's injury or death must have been a compensable or compromised claim.
- The parent's injury or death had a *financial impact* on the family.
- Students should be between ages of 17 to 24.
- Preference given to students who are Wisconsin residents at time of application.
- Preference given to students entering Wisconsin schools.
- Must have a high school diploma, GED/HSED, or a high school student in good standing (who will graduate in academic year).

Scholarship Submission Requirements

- Completed Kids' Chance Scholarship Application and all required forms by May 1st for academic year beginning in following Fall semester.
- Narrative (2 page maximum) describing your parent's work-related accident, its personal/economic impact on you and your family, and why the scholarship will help you attain your educational goals.
- Copy of completed FAFSA form (*mandatory* for scholarship application).
- If possible: Student Aid Report (SAR) from the FAFSA processing center; Financial Aid Award letter and Student Account Statement from educational institution.
- High school transcript or college transcript.
- Letter of acceptance from school or class schedule for enrollment
- Both completed authorization forms in Section 4.
- Optional letter(s) of recommendation from a non-relative.

Scholarship Details

- Awarded by Kids' Chance Scholarship Committee and Board of Directors, on basis of application materials and information from WI Worker's Compensation Dept.
- Scholarship monies paid directly to educational institution.
- Range generally from \$500 to \$5,000, in an annual amount (not per semester).

PLEASE SUBMIT COMPLETED APPLICATION AND ATTACHMENTS TO:

<p>Kids Chance of Wisconsin P.O. Box 1546 Brookfield, WI 53008-1546</p>
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For questions, see
www.kidschanceofwi.org

Scholarship Recipients Must Reapply Annually via Renewal Application