

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

*Application DEADLINE for First-Time Applicants is May 1<sup>st</sup> 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: \_\_\_\_\_

Work comp attorney name ? Permission to contact ? Y\_\_\_ N\_\_\_

**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.

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Signature of Applicant

Date

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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): \_\_\_\_\_
- **Work Comp Attorney (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 EITHER:

<i>By mail:</i> <b>Kids Chance of Wisconsin</b> <b>P.O. Box 1546</b> <b>Brookfield, WI 53008-1546</b>	<i>By email:</i> <b>info@kidschanceofwi.org</b>
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For questions, see: [www.kidschanceofwi.org](http://www.kidschanceofwi.org)

**Scholarship Recipients Must Reapply Annually via Renewal Application**