

Scholarship Application



Scholarship Application

Kids' Chance of California, Inc. is a non-profit organization established to provide post-secondary scholarships to dependent children of workers that have been killed or seriously injured in a compensable work-related accident or occupational disease with a California employer. Scholarships are awarded once a year and students may apply every year, they attend classes.

Eligibility Requirements

- Applicant must be between the ages of 16 – 25 years old.
- Applicant must be the child or legal dependent of a worker killed or seriously injured in a compensable work-related accident or occupational disease with a California employer.
- Student applicant and/or deceased/injured worker are not required to be a legal resident of California.
- Applicant must be able to demonstrate financial need.
- Applicant must be enrolled, accepted or applying for acceptance as a full-time or part-time student at a university, college or technical school.

Documentation Required:

- A completed Kids' Chance of California Scholarship Application.
- Proof of enrollment or acceptance at University/College/Technical School
- Completed financial aid release form
- Documentation of accepted workers compensation claim – Copy of death certificate of deceased parent, letter from claims adjuster accepting claim/liability, Findings and Award by a WCAB judge (judges' decision) or Stipulations with Request for Award (settlement decision) indicating that the parent's injury or death was determined to be work-related/compensable. **Please do not send medical records. If received by headquarters they will be destroyed after scholarship application cycle.**
- Essay/Statement regarding goals & impact of the loss or injury on you/your family.

All decisions are at the discretion of the Board of Directors of Kids' Chance of California, Inc.

Application Instructions

Complete and submit application, along with all supporting documents and return by email (preferred) or mail to:

Kids' Chance of California, Inc.

Attn: Scholarship Committee

3121 Park Avenue, Suite C

Soquel, CA 95073

scholarships@kidschanceca.org

Questions?

Call: 415-877-KIDS (5437)

Email: scholarships@kidschanceca.org

Deadline: May 15

1. Kid's Chance of California, Inc. will do a preliminary review of all applications for completeness. If your application is incomplete, you will be contacted and asked to provide the missing information.
2. The Kids' Chance of California, Inc. Scholarship Committee will review all complete applications and will verify the eligibility of each applicant.
3. Kids' Chance Board of Directors will review all applications and the recommendations made by the Scholarship Committee and make a final determination regarding the scholarships to be awarded.
4. Kids' Chance of California will then notify the applicant of his/her award and how to obtain the awarded scholarship funds.
5. Scholarships are awarded annually and subject to enrollment documentation.

Applicant (Child/Student) Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone/Text: _____ Work: _____

Email Address: _____

Date of Birth (MM/DD/YYYY) ____/____/____

Parental/Guardian Information

Parent/Guardian's Name:

Name: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone/Text: _____ Work: _____

Email Address: _____

2nd Parent/Guardian's Name:

First/Middle/Last: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone/Text: _____ Work: _____

Email Address: _____

Injured/Deceased Worker Information:

Name of Injured/Deceased Worker:

First/Middle/Last: _____

Address: _____

Date of Birth (MM/DD/YYYY) ____/____/____

Workers Compensation Appeals Board (WCAB) Case Number(s): _____

Employer of Record (when accident/injury/illness/death occurred): _____

Name of Employer: _____

Employer Address: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Injury: (MM/DD/YYYY): _____

Nature of Occurrence (please select only one of the following):

- Death related to occupational accident/injury
- Death related to occupational illness
- Work-related catastrophic injury/illness

Description of accident/injury: _____

Has the injured/ill worker returned to work? Yes No

If yes, when (MM/DD/YYYY): ____/____/____ and has the injured/ill workers salary/pay/wage been impacted/changed after returning to work? Yes No

If yes, please explain and provide necessary back up (Pay stubs, W2, etc.): _____

If injured/ill worker has not returned to work, is there an expected return to work date (MM/DD/YYYY): ____/____/____

Applicant – School Information

Current School: High School College University Other None

High School Attended/Attends: _____

School's Address: _____

City/Town: _____ State: _____ Zip Code: _____

School/Institution Applicant Plans to Attend: Same as above

Name of Institution: _____

Address: _____

City/Town: _____ State _____ Zip Code: _____

Have you already been accepted by this institution? Yes No

Date you will be starting/continuing education at this institution is: (MM/YYYY) _____

Major Field of Study: _____

Career Objectives: _____

How did you learn about Kids Chance of California?

Guidance Counselor

Nurse/Case Manager

Attorney

Social Worker

Internet Search

Scholarship Website

Claims Adjuster

Other: _____

By my signature below, I declare under penalty of perjury that the foregoing statement(s), including my accompanying statements and/or documentation is to the best of knowledge and belief, true, correct, and complete.

Signature: _____ Date: _____

Please note: Applications are only considered submitted when all required documentation has been received by Kids' Chance of California, Inc.

Financial Aid Release Form

Kids' Chance California, 3121 Park Avenue, Suite C, Soquel, CA 95073
Phone: 415-877-KIDS (5437) | Web: <http://kidschanceca.org/> | Email: scholarships@kidschanceca.org

TO BE COMPLETED BY THE STUDENT

Submitting this form does not guarantee that the student will receive funding.

First name: _____ Last name: _____

Student ID: _____ Phone No.: _____ Last 4 digits of Social Security No.: _____

Do you plan to enroll full-time for the academic year? Yes No, I plan to enroll in ___ Fall credits and ___ Spring credits

Student signature release: _____ Date: _____

I have applied for a Kids' Chance California scholarship for the academic year to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to Kids' Chance California, Inc.

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

Please provide the requested financial aid information based on the student's reported enrollment plans above.

School Name: _____

Campus Location: _____

Calendar System: Semester Trimester Quarter

Current Fall Credits Enrolled: _____ Current Spring Credits Enrolled: _____

Has student submitted a FAFSA? Yes No

Federal Expected Family Contribution: \$ _____

Institutional Expected Family Contribution: \$ _____

Yearly Cost of Attendance*: \$ _____

*As defined by the U.S. Higher Education Act of 1965, to include tuition, fees, room, board, transportation, books, supplies, etc.)

Pell Grant Amount Offered: \$ _____

If Pell Grant not available, please indicate reason: EFC Too High Not Meeting SAP Other

Does this student meet Satisfactory Academic Progress? Yes No

Maximum amount student can receive before institutional grant is reduced: \$ _____

Total amount of Gift Aid/Grants/Scholarships offered (Yearly Total only, including Pell Grant amount): \$ _____

Student's major: _____ Student's Cumulative GPA (not required if student is newly admitted): _____

Student's grade level (FR, SO, JR, SR): _____

Signature of Financial Aid representative: _____ Date: _____

Print Name: _____ Direct Phone: _____

Email: _____

PLEASE SUBMIT FORM TO:

Email: scholarships@kidschanceca.org, or

Mail to: Kids' Chance California, 3121 Park Avenue, Suite C, Soquel, CA 95073