



Scholarship Application

Kids' Chance of Michigan, Inc.
 3001 West Big Beaver Rd., Ste. 210
 Troy, MI 48084

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

I. STUDENT APPLICANT INFORMATION

Name: _____
First Middle Last

Present Address: _____
Street Apt# County

_____ City State Zip

Home Telephone: _____ Cell Phone: _____ Email: _____

Age: _____ Date of Birth: ____/____/____

Name of Local/City Newspaper: _____

Email Address to Submit Articles: _____ Phone Number: _____

II. FAMILY INFORMATION

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last

Parents' Address (If different than above): _____
Street Apt #

_____ City State Zip

Parents' telephone: (____) _____ How many residing in Household: _____ Less than 18 years old: _____

Parent's Email Address: _____ Parent's Cell Phone: _____

Is uninjured/surviving parent employed? Yes _____ No _____ If yes, average # of hours per week _____

If yes, name employer: _____
Name of Employer

_____ Street P.O. Box

_____ City State Zip

_____ Work Phone Number Work Fax Number

III. INJURED/DECEASED PARENT INFORMATION

Parents' name _____
First Middle Last Relationship

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

Nature: _____ Work related illness/injury (describe) _____
_____ Death related to work illness/injury

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

Street P.O. Box
City State Zip Telephone #

Employer telephone (____) _____ Workers' occupation/job title _____

Workers' comp. insurance carrier: _____ (____) _____
Name Telephone

Street P.O. Box
City State Zip

Workers' Comp. Claim/File # _____

AT THIS TIME, IS THERE A WORKERS' COMPENSATION ACTION PENDING? Yes ____ No ____ If yes, Briefly explain:

Has or will the worker return to work? Yes ____ No ____ If yes, expected date ____/____/____

Litigation Income/Awards (REQUIRED TO PROCESS APPLICATION):

1. Has any family member been awarded income as a result of a lawsuit or as a result of a settlement of a lawsuit?
____ Yes ____ No
2. Is any family member currently a plaintiff/claimant in a lawsuit from which additional income or settlement may be awarded?
____ Yes ____ No
If yes to either, please explain in some detail. Please include a contact name and phone number.

IV. ACADEMIC INFORMATION

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

Street Address City, State, Zip

Applicant's GPA: _____ Enrolled in 2 or more Advanced/Honors Courses? ____ Yes ____ No

Applicant's extracurricular community/school activities: _____

Intended/Current Major: _____

Applicant's career objectives: _____

If a high school senior, educational institution(s) applicant has applied to:

Name: _____ Admitted ___ Yes ___ No ___ Pending
Name: _____ Admitted ___ Yes ___ No ___ Pending
Name: _____ Admitted ___ Yes ___ No ___ Pending

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

Street Address City, State, Zip

Financial Aid Officer at your educational institution:

Name/Title: _____

Phone: _____ Email (required): _____

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 2020 ___ Full time ___ Part Time
Winter 2020-21 ___ Full time ___ Part Time
Spring 2021 ___ Full time ___ Part Time
Summer 2021 ___ Full time ___ Part Time

1. In the fall of 2020, you will be ___ first-year ___ sophomore/second year ___ junior/third year ___ senior/fourth year

2. When will you graduate from your institution?

___ Fall ___ 2020 ___ 2021 ___ 2022 ___ 2023 ___ 2024
___ Spring ___ 2020 ___ 2021 ___ 2022 ___ 2023 ___ 2024

Annual Tuition \$ _____

Do you intend to: ___ Commute from home ___ Live on campus ___ Live off-campus in an apartment or rented house, etc.

If on-campus, Annual Room \$ _____ Annual Meal Plan (Board) \$ _____

If you will be living off-campus, and you will NOT be living at home with your parent(s), what will be the yearly cost of your off-campus rent and utilities? \$ _____

Will you be employed while attending education institution? ___ Yes ___ No

If yes, type of work: _____ Hrs. per week: _____ Average amount earned academic year \$ _____

Have you submitted the Free Application for Federal Student Aid (FAFSA)? ___ Yes ___ No

If yes, on what date was your FAFSA filed? ___/___/___

If no, on what date will your FAFSA be 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 FINANCIAL AID AWARD LETTER HAS BEEN RECEIVED, ATTACH A COPY WITH THIS APPLICATION.

WE MUST HAVE THE FINANCIAL AID AWARD LETTER TO PROCESS YOUR APPLICATION.

Have you received your Student Account Statement from your educational institution's Bursar's Office/Business Office? ___ Yes ___ No

IF YOUR STUDENT ACCOUNT STATEMENT HAS BEEN RECEIVED, ATTACH A COPY WITH THIS APPLICATION.

WE MUST HAVE THE STUDENT ACCOUNT STATEMENT TO PROCESS YOUR APPLICATION.

Why should we consider you for this scholarship award?

VI. ATTESTATION/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
(if applicable)

Date

PLEASE READ CAREFULLY:

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

I hereby give consent to KIDS' CHANCE OF MI, Inc., its agents, employees, or designees to contact and verify my information contained in this application and attachments by contact with any individual, government, educational institution, or 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 OF MI, Inc., with a signed letter of authorization and 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.

I understand that scholarships granted by KIDS' CHANCE OF MI, Inc., are benevolent awards and these are made on the basis of the funds available to the KIDS' CHANCE OF MI, Inc., organization. I further understand that the selection of the recipients of KIDS' CHANCE OF MI, Inc., scholarships is a determination made solely by the KIDS' CHANCE OF MI, 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, award or grant on the basis of this application.

Signature of Applicant

Date

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

Date

Please list the names of all persons who assisted the applicant in preparing this document:

Where did you learn about Kids' Chance?

VII. ADDITIONAL DOCUMENTS REQUIRED

REQUIRED (Please submit with your application)

- A completed Kids' Chance Scholarship Applications.
- If a graduating senior, a high school transcript of grades.
If currently attending a college, trade or vocational school, the most recent transcript.
- Copy of Financial Aid Award Letter for the coming academic year from the educational institution you plan to attend.
PLEASE NOTE: If your Financial Aid Award Letter is in process and cannot be submitted with your application, you must **FAX** a copy of this letter or, if the letter is still not available, **CONTACT** the Kids' Chance office. **WE MUST HAVE THE FINANCIAL AID AWARD LETTER TO PROCESS YOUR APPLICATION.**
- Copy of your Student Account Statement (your student bill) for the coming academic year from your institution's Bursar's Office/Business Office. This statement will likely be mailed to you by your institution by early July. Please email or fax the statement to the Kids' Chance office at the address below. **WE MUST HAVE YOUR STUDENT ACCOUNT STATEMENT TO PROCESS YOUR APPLICATION.**
- Proof that parent has sustained a catastrophic injury/illness resulting from work-related accident; for example, a copy of a court order, an accident report, or a statement from the workers' compensation insurance carrier. Note: A doctor's statement or Social Security Administration statement is not sufficient.
- Death certificate of deceased parent, if applicable. Death must have occurred as a result of a work-related injury/illness.
- 1-3 paragraphs noting the specific work-related accident and why this scholarship would help you attain your educational goals.
- A copy of your SAR (Student Aid Report). You should have received your SAR from the Federal government after you submitted your Free Application for Federal Student Aid (FAFSA).
- 3 Letters of recommendation minimum.

The amount of each Kids' Chance Scholarship award is decided by the Board of Directors and will be paid directly to the education institution. Although awards are applicable at any accredited post-secondary educational institution in the state of Michigan, no scholarship will exceed the annual cost of tuition and books at the most expensive public post-secondary educational institution in Michigan.

PLEASE SUBMIT COMPLETED APPLICATION AND ATTACHMENTS TO:

KIDS' CHANCE OF MICHIGAN, Inc.
3001 West Big Beaver Rd., Ste. 210, Troy, MI 48084
EMAIL: admin@kidschanceofmi.org
WEBSITE: www.kidschanceofmi.org

If you have application questions or concerns, please email admin@kidschanceofmi.org.