



KIDS' CHANCE
SCHOLARSHIP APPLICATION
CHECKLIST
Revised June 18, 2013

IT IS IMPORTANT THAT ALL OF THE NECESSARY DOCUMENTS ARE INCLUDED WITH YOUR SCHOLARSHIP APPLICATION.

PLEASE USE THIS CHECKLIST TO ENSURE THAT YOUR APPLICATION IS REVIEWED AND PROCESSED FOR RECOMMENDATION WITHOUT THE NEED TO REQUEST ADDITIONAL INFORMATION

- ✓ **APPLICATION** – Completed and signed
- ✓ **HIGH SCHOOL TRANSCRIPT** – Showing grades and attendance or, if attending college, previous semester's transcript. Minimum required GPA is 2.5
- ✓ **LETTERS OF RECOMMENDATION** – Not from relatives
- ✓ **INFORMATION ON INJURED PARENT** - Description of accident; Current rehabilitation reports, medical reports and ICA letter OR Death certificate
- ✓ **VERIFICATION OF SCHOOL ATTENDANCE**
- ✓ **ESTIMATED COST OF REGISTRATION, TUITION, TEXT BOOKS, LIVING EXPENSES AND OTHER COSTS**
- ✓ **ONE PAGE LETTER OUTLINING EDUCATIONAL GOALS AND THE NEED FOR FINANCIAL ASSISTANCE**
- ✓ **LIST ALL SOURCES OF INCOME**
- ✓ **COPY OF F.A.S.F.A. APPLICATION/ REPORT**

Kids' Chance of Arizona
Supported by the Arizona Workers' Compensation Community

P.O. Box 36753 • Phoenix • AZ 85067-6753 • (602) 253-4360

SCHOLARSHIP APPLICATION

12. Career Objective: _____

13. Other types of scholarships for financial aid you have applied for: _____

14. Have you been awarded any other scholarships for financial aid? ___ yes ___ no

If so, please identify and state the amount of each: _____

15. Other circumstances Kids' Chance of Arizona should know in reviewing your scholarship request:

For potential/technical or college students:

a. Names and addresses of schools applied to:

b. If you have been accepted for admission, please name the school(s):

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FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT (If applicant does not live at home, complete information for family and applicant separately and submit both)

FAMILY INCOME: *(Averaged on a monthly basis)* \$ _____

1. Workers' Compensation Payment \$ _____

2. Disability Insurance \$ _____

3. Other Insurance Payments \$ _____

4. Income per month of spouse of injured or deceased employee

5. Additional income of other dependents of injured or deceased employee residing in same household with applicant. \$ _____

Applicant's income (if any and if not submitting separately) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

6. Financial assistance from any state or federal agency, such as welfare. \$ _____

7. Child support payment received on behalf of children residing in same household with applicant. \$ _____

GRAND TOTAL OF HOUSEHOLD INCOME: \$ _____

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EXPENSE OF FAMILY: <i>(Averaged on a monthly basis)</i>	\$ _____
1. Rent, house payment	\$ _____
2. Food	\$ _____
3. Clothing	\$ _____
4. Incidentals	\$ _____
5. Medical & Dental Bills (to extent not covered by workers' compensation)	\$ _____
6. Car Payments	\$ _____
7. Maintenance for cars, including gas and oil	\$ _____
8. Recreation	\$ _____
9. Health Insurance Payments	\$ _____
10. Insurance for cars and house	\$ _____
11. Taxes-property	\$ _____
12. Electricity	\$ _____
13. Gas (for heating)	\$ _____
14. Telephone	\$ _____
15. Water	\$ _____
16. Child support payments made to children not residing in applicant's household	\$ _____
17. Rent, house payment, mortgage (second)	\$ _____
GRAND TOTAL OF MONTHLY EXPENSES:	\$ _____

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TOTAL ASSEST OF FAMILY:

	\$ _____
1. Cash on hand or in banks	\$ _____
2. Stocks, bonds, notes	\$ _____
3. Real Estate	\$ _____
Home	\$ _____
Other	\$ _____
4. Automobiles	
Other personal property	\$ _____

Itemize other assets	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LIABILITES OF FAMILY:

1. Credit Union	\$ _____
2. Real Estate Mortgage	\$ _____
3. Automobile loans	\$ _____
4. Other notes or loans	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
5. Other Bills	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I certify that the above information is true and correct to the best of my knowledge and belief.

Signature

Date

SCHOLARSHIP APPLICATION

Applicants Name: _____

Please provide a list of names and phone numbers of all persons who assisted the applicant in the preparation of this document:

STATEMENT OF INTENT/AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby apply for a scholarship from Kids' Chance of Arizona.

I hereby consent for Kids' Chance of Arizona to verify the contents of this application.

I agree to allow the school to send a copy of each quarter's (or semester's) grades to Kids' Chance of Arizona. It is fully understood that compliance in this matter is necessary for funds to be paid on a regular basis.

I hereby consent for Kids' Chance of Arizona, 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.

In return for the consideration of the application form Kids' Chance of Arizona is allowed to use the Applicant's name and likeness to advance the charity's purposes and reporting requirements. This includes information to prospective donor groups and individuals to further the goals of Kids' Chance of Arizona.

Signature **Date** _____

Signature of Parent or Guardian if applicant is under 18 years of age **Date** _____