



CURRENT RECIPIENT
CONTINUED SCHOLARSHIP
APPLICATION CHECKLIST

Revised April, 2010

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.

- **CURRENT GRADES** – SEMESTER AND CUMULATIVE
- **COURSE SCHEDULE** - SHOWING 12+ CREDIT HOURS FOR NEXT SEMESTER
- **UPDATED FINANCIAL SECTION** OF APPLICATION AND MOST RECENT OR UPDATED FAFSA, IF APPLICABLE. LIST ALL SOURCES OF INCOME
- **ESTIMATED COST** OF REGISTRATION, TUITION, TEXT BOOKS, LIVING EXPENSES AND OTHER COSTS
- **STATUS OR UPDATED INFORMATION ON INJURED PARENT** – CURRENT REHABILITATION OR MEDICAL REPORTS IF ONGOING INJURY. *N/A for permanent impairment/settled awards or fatalities.*

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

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

CONTINUED SCHOLARSHIP APPLICATION

Name _____

First

Middle

Last

Address _____

Street

City

State

Zip Code

Home Phone: _____

Cell Phone: _____

Email: _____ Alt. Email: _____

Date of Birth: _____

Institution attending: _____

Is this a change from prior institution? Yes No If so, please explain:

Major Field study: _____

Career Objective: _____

Have you been awarded any other scholarships for financial aid? Yes No

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

Other circumstances you feel Kids' Chance, Inc. should know in reviewing your scholarship request:

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:** \$ _____

EXPENSE OF FAMILY: *(Averaged on a monthly basis)*

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:** \$ _____

TOTAL ASSEST OF FAMILY:

- 1. Cash on hand or in banks \$ _____
- 2. Stocks, bonds, notes \$ _____
- 3. Real Estate \$ _____
 - Home \$ _____
 - Other \$ _____
- 4. Automobiles \$ _____
- 5. Other personal property _____ \$ _____
- 6. 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

STATEMENT OF INTENT/AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby apply for a scholarship from KIDS' CHANCE.

I hereby consent for KIDS' CHANCE 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. 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 , 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