



## ELIGIBILITY AND APPLICATION REQUIREMENTS

### BASIC ELIGIBILITY REQUIREMENTS

- At least 16, but not more than 25 years old at the time of application
- Dependent of Indiana worker fatally or catastrophically injured as a result of a work related accident or occupational disease
- The qualifying injury/illness/death must have occurred as a result of work activities performed on behalf of an Indiana employer; although, neither the student applicant nor the deceased/injured worker are required to be a legal resident of the State of Indiana
- The qualifying injury/illness/death must be compensable as stated by the Workers' Compensation Board of Indiana (WCB)
- The qualifying injury/illness or death must have resulted in a substantial decline in the family's income
- Enrolled as student (full-time minimum of 12 hours; part-time minimum of 6 hours) in the following types of institutions:
  - High School
  - Trade School/Vocational School/Industrial/Commercial Training
  - Junior College/Community College
  - College-Undergraduate or Graduate School



## COMPLETE APPLICATION PACKAGE CHECKLIST

- Completed Kids' Chance of Indiana scholarship application.
- Most current academic transcript (unofficial transcripts are accepted).
- Copy of last two (2) year's Federal tax returns of applicant and his/her parent(s) and/or legal guardian.
- Copy of Student Aid Report (SAR) from FAFSA stating the Expected Family Contribution.
- Copy of the injured parent's First Report of Injury on file with the WCB.
- Most recent case manager and/or physician report describing the present medical status of the injured parent (if applicable).
- Death Certificate for a deceased parent (if applicable).
- Brief written description of the accident and resulting injuries.
- Biography from the applicant to include descriptions of their educational goals and how Kids' Chance can help them achieve success. (250-500 words)
- Letter(s) of recommendation (optional).
- Recent digital photograph of applicant. (Label and email photo: Jennifer@Objectivedx.com)

### **PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTS BY JUNE 1, 2017.**

KIDS CHANCE OF INDIANA  
8330 NAAB ROAD, STE 140  
INDIANAPOLIS, IN 46260  
P 317-400-7030/F 317-672-4300  
[www.kidschancein.org](http://www.kidschancein.org)

\*The priority date for filing for federal financial aid is March 1 prior to the academic year. The form, Free Application for Federal Student Aid (FAFSA) is available on-line or through the school's guidance office. Upon filing the FAFSA, the applicant will receive a Student Aid Report (SAR) from the Federal Student Aid Program.

After the first year of higher education, the applicant is required to prepare and file the Renewal Free Application for Federal Student Aid (Renewal FAFSA). We request copies of the FAFSA and SAR for each academic year as supporting documentation for the scholarship application. Please note the forms, addresses and dates above are not governed by Kids Chance of Indiana and may be subject to change. It is the responsibility of the applicant to comply with all applicable regulations of federal and state agencies as well as those of the educational institution where the student plans to attend.



2017-2018 NEW Scholarship Application

**DEADLINE FOR THE 2017-2018 ACADEMIC YEAR IS JUNE 1, 2017**

Section A: STUDENT APPLICANT INFORMATION

Name: _____			
First	Middle	Last	
Present Address: _____			
Address			
_____			
City	State	Zip	County
Phone: _____		Alternate Phone: _____	
Email: _____			
Age: _____	Date of Birth: ____/____/____	Social Security #: _____-_____-_____	



Section B: SURVIVING FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
*Address (if different than above)*

\_\_\_\_\_

City	State	Zip	County
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Phone: \_\_\_\_\_ # Residing in Household: \_\_\_\_ Less than 18 years old: \_\_\_\_

Parent's Email: \_\_\_\_\_

Is this parent employed? Y  N  If YES, Full-time  Part-time

If YES, Name of Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_



Section C: INJURED/DECEASED PARENT INFORMATION

Parent's Name: \_\_\_\_\_  
First Last

Relationship: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Injury or death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer of Record (when accident/injury/illness/death occurred: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

If INJURED, is the parent currently employed? Y  N  If YES, Full-time  Part-time

Workers' Compensation Board Accident or Application Number: \_\_\_\_\_

DESCRIPTION of ACCIDENT & RESULTING INJURIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



attach additional pages if needed

SECTION D: ACADEMIC INFORMATION

Applicant's High School Information

High School Attended/Attends \_\_\_\_\_

School's Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_ GPA: \_\_\_\_\_

Educational Institution for Which Applicant Intends to Use Scholarship

Name of Institution \_\_\_\_\_

School's 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) \_\_\_\_\_

Type of educational institution: (Pick only one):

- High School
- Trade School
- Junior College/Community College
- Industrial/Commercial Technical College
- College (Undergraduate)
- Graduate School (specify Type) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Career Objectives: \_\_\_\_\_

What year do you expect to graduate? \_\_\_\_\_ 6 \_\_\_\_\_ Estimated Annual Tuition: \$ \_\_\_\_\_



SECTION E: FINANCIAL AFFIDAVIT

Please note that in addition to providing the financial information to follow in this application, any applicant who will be using Kid’s Chance Scholarship Grants for college or technical/trade school educational purposes (i.e. post high school education) should append his/her Free Application for Federal Student Aid (FAFSA) and Student Aid Report (SAR) documents with their application.

Current Family Income (Monthly Average)

Worker’s compensation benefits..... \$ \_\_\_\_\_  
 Disability insurance..... \$ \_\_\_\_\_  
 Other insurance payments..... \$ \_\_\_\_\_  
 Income per month of spouse of injured/deceased employee..... \$ \_\_\_\_\_  
 Name & address of spouse’s employer \_\_\_\_\_

Additional income of other dependents of injured or deceased employee residing in same household with applicant. Please identify source and amount.

Student Applicant \_\_\_\_\_ \$ \_\_\_\_\_  
 Dependent 1: \_\_\_\_\_ \$ \_\_\_\_\_  
 Dependent 2: \_\_\_\_\_ \$ \_\_\_\_\_  
 Dependent 3: \_\_\_\_\_ \$ \_\_\_\_\_  
 Dependent 4: \_\_\_\_\_ \$ \_\_\_\_\_

Financial assistance from any state or federal agency..... \$ \_\_\_\_\_  
 Child support payments received on behalf of children residing in the household with applicant..... \$ \_\_\_\_\_  
 Interest/dividend/annuity income:..... \$ \_\_\_\_\_

Other income. Please identify source and amount.

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Monthly Income..... \$ \_\_\_\_\_

Please explain in detail any anticipated future changes in average monthly income:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Family Expenses (monthly average)

Rent or mortgage payment..... \$ \_\_\_\_\_  
 Food..... \$ \_\_\_\_\_  
 Clothing..... \$ \_\_\_\_\_



Incidentals..... \$ \_\_\_\_\_  
 Medical/dental bills (not covered by worker's compensation)..... \$ \_\_\_\_\_  
 Car payments..... \$ \_\_\_\_\_  
 Maintenance for cars, including gas & oil..... \$ \_\_\_\_\_  
 Recreation..... \$ \_\_\_\_\_  
 Health insurance payments..... \$ \_\_\_\_\_  
 Automobile insurance..... \$ \_\_\_\_\_  
 Homeowner's/renter's/casualty insurance..... \$ \_\_\_\_\_  
 Taxes-property..... \$ \_\_\_\_\_  
 Taxes-other..... \$ \_\_\_\_\_  
 Electric utility bill..... \$ \_\_\_\_\_  
 Gas utility bill..... \$ \_\_\_\_\_  
 Telephone bill..... \$ \_\_\_\_\_  
 Water/sewer bill..... \$ \_\_\_\_\_  
 Child support payments made to children not residing in applicants house  
 hold..... \$ \_\_\_\_\_  
 Any other monthly expenses (please specify)  
     Item 1 \_\_\_\_\_ \$ \_\_\_\_\_  
     Item 2 \_\_\_\_\_ \$ \_\_\_\_\_  
     Item 3 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Monthly Expenses..... \$ \_\_\_\_\_

Please explain in detail any anticipated future changes in average monthly expenses:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Family Assets**

Cash on hand or in banks (saving, checking, etc)..... \$ \_\_\_\_\_  
 Stocks, bonds, notes..... \$ \_\_\_\_\_  
 5 Real estate-home..... \$ \_\_\_\_\_  
 Other real estate..... \$ \_\_\_\_\_  
 Automobiles..... \$ \_\_\_\_\_  
 Other vehicles (e.g. boats, snowmobiles, etc)..... \$ \_\_\_\_\_  
 Other assets, please itemize:  
     Asset 1 \_\_\_\_\_ \$ \_\_\_\_\_  
     Asset 2 \_\_\_\_\_ \$ \_\_\_\_\_  
     Asset 3 \_\_\_\_\_ \$ \_\_\_\_\_





Total family assets..... \$ \_\_\_\_\_

**Current Family Liabilities**

Credit union..... \$ \_\_\_\_\_

Real estate mortgage..... \$ \_\_\_\_\_

Automobile loans..... \$ \_\_\_\_\_

Other notes/loans/debt (please specify)

Debt 1 \_\_\_\_\_ \$ \_\_\_\_\_

Debt 2 \_\_\_\_\_ \$ \_\_\_\_\_

Debt 3 \_\_\_\_\_ \$ \_\_\_\_\_

Total family liabilities..... \$ \_\_\_\_\_

Is any family member currently a plaintiff/claimant in a lawsuit from which additional income or a settlement may be awarded? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Please identify all other scholarships and financial aid for which you have applied.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been awarded any other scholarships or financial aid? \_\_\_ Yes \_\_\_ No

If yes, please identify all awards by source and amount and include all FAFSA and SAR documents with your submission to KCIN.

Award \_\_\_\_\_ Amount \$ \_\_\_\_\_

Award \_\_\_\_\_ Amount \$ \_\_\_\_\_

Award \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please detail any unusual or extenuating circumstances which you feel should be considered in processing your application. \_\_\_\_\_  
 \_\_\_\_\_

How did you learn about the Kids' Chance of Indiana Scholarship program? \_\_\_\_\_  
 \_\_\_\_\_



## SECTION F: STUDENT EXPECTATIONS

The mission of Kids' Chance of Indiana, Inc. is to provide educational scholarships to the children of Indiana workers who have been seriously, catastrophically or fatally injured in work-related accidents. All applications are subject to review of the Scholarship Committee and all scholarship awards are contingent upon availability of funds.

- Scholarship recipients expectations:
- Communicate promptly to Kids' Chance board as requested
- Maintain at least a 2.0 cumulative grade point average
- Students must be registered for at least \_\_\_ hours each semester; unless otherwise approved.
- Notification of dropped classes at the time you withdraw, not at the end of the semester.
- At the end of each semester, students are required to send in grades for the current term and their schedule for the upcoming term to be considered for further funding.
- Kids' Chance requires each student attend ONE fundraising function/effort each calendar year. This may include special events, testimonials, etc.



SECTION G: 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 Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

I understand that scholarships granted by Kids' Chance of Indiana are benevolent awards that are made on the basis of the funds available to the Kids' Chance of Indiana organization and upon the quantity and quality of applications each year. I understand that scholarship decisions are made by the Kids' Chnace of Indiana's Scholarship Committee and its Board of Directors, and that they have discretion of the number and amount of awards. I understand and agree that all scholarship award proceeds must and will be used for higher education tuition, fees, books, room and board, and utilities only. I understand that I must verify my ongoing successful academic performance during the course of each grant year and that I have an affirmative obligation to advise Kids' Chance of Indiana of any change in circumstances which may affect further scholarship eligibility. I understand that this scholarship is for one academic semester only an that I am required to re-apply each semester per the stated deadlines for any subsequent scholarship consideration.

I hereby authorize and give consent to Kids' Chance of Indiana and Kids' Chance of America, their directors, trustees, officers, agents, employees, and/or designees to use my name and likeness in their promotional materials, including but not limited to, printed materials, their websites, and electronic media. I further consent to and authorize Kids' Chance of Indiana and Kids' Chance of America to notify various media (including local newspaper, Television, radio and online news outlets) of the award of a scholarship to me, as well as other information concerning such an award including but not limited to: biographical information, description of educational goals, and the work injury incident information. It is the policy of Kids' Chance of Indiana to safeguard personal, health, employment and financial information otherwise. Kids' Chance does not sell contact information or share information with outside organizations or agencies.

Kids' Chance Inc. of Indiana is committed to improving the educational choices of children whose families have been financially impacted by a workplace injury or death.

As a volunteer-driven nonprofit organization, Kids' Chance of Indiana provides scholarships to children of Indiana workers who have been seriously or fatally injury in a work-related accident or illness that has resulted in financial need. Each year, Kids' Chance makes a significant difference in the lives of these families by providing scholarship support to help eligible students pursue and achieve their higher education goals.



Scholarships are awarded semi-annually in alignment with the academic year to applicants based on, but not limited to, academic performance, need and available funds. Kids' Chance of Indiana is part of Kids' Chance of America and joins 30 other state organizations in delivering the Kids Chance mission.

_____ Signature of Applicant	_____ Date
_____ Signature of Parent	_____ Date

Please submit your completed application to Kids' Chance of Indiana.  
Please include all required supportive documentation requested.

You may email your application with documentation attached to [tcoriden@coriden.com](mailto:tcoriden@coriden.com) or mail it to:

Jenni Bolen, President  
Kids' Chance of Indiana, Inc.  
c/o Objective Group  
8330 Naab Road, Suite 140  
Indianapolis, IN 46260

If you have any questions or need assistance completing your application, please contact:  
Scholarship Committee Board Member  
Terry Coriden, Attorney (812) 375-9800