



Scholarship Application Form

Application Process

1. Applicant (student child of fatally or catastrophically injured worker) or other interested party contacts Kids' Chance of Indiana, Inc. or Kids' Chance Board Member to inquire about scholarship availability and application.
2. Kids' Chance of Indiana, Inc. provides scholarship application or his/her representative the following: Kids' Chance Scholarship Fact Sheet, Kids' Chance Scholarship Application Form, including Supporting Documentation for Scholarship Application
3. Applicant and his/her parent/guardian/representative complete the application form and return the completed application along with additional supporting documents to Kids' Chance. See the application form for required supporting documentation.
4. Preliminary review of application by Kids' Chance of Indiana Scholarship Award Selection Committee to determine completeness of application with respect to essential information. If application is not completely satisfactory, the additional information necessary is requested of the applicant.
5. Scholarship Award Selection Committee issues request to the Indiana Workers' Compensation Board to verify eligibility of applicant – i.e. that the applicant's parent has sustained a compensable work-related death or catastrophic injury/illness, while working for an Indiana employer (although neither the student applicant or the injured/deceased worker need be legal residents of Indiana).
6. Once eligibility of applicant has been verified by Indiana Workers' Compensation Board, Scholarship Award Committee performs thorough review of application and confirms accuracy of information provided.
7. Scholarship Award Selection Committee makes a recommendation to the Kids' Chance Board of Directors as to the advisability of awarding scholarship and the amount to be awarded, taking into consideration the funds available to Kids' Chance at the time.
8. Kids' Chance Board of Directors considers all applications of confirmed eligible applicants and, after reviewing the student's application and considering the recommendations of the Scholarship Award Selection Committee, makes a final determination as to whether award is to be made and the amount of the stipend. Scholarships are awarded for an annual period, (either by academic or calendar year) contingent upon documented satisfactory academic/educational performance by the recipient.
9. Kids' Chance of Indiana Board of Directors notifies the applicant as to his/her award and procedure to be followed to receive scholarship monies – i.e. tuition payment, funds for books/supplies, room and board, payments, etc.
10. Scholarship recipient and/or the educational institution attended provide Kids' Chance with timely documentation of satisfactory academic/educational performance (quarterly or semester grade reports) in order to continue to receive the scholarship monies previously granted.



Scholarship Application Form Fact Sheet

Children of Indiana workers fatally or catastrophically injured as a result of a work-related accident or occupational disease.

Children ages 16-25 are eligible.

The death or catastrophic injury/illness must have occurred as a result of work activities performed on the 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 work-related injury or occupational disease from which the applicant's parent suffers or the parent's death must be deemed to be compensable by the Workers' Compensation Board or the State of Indiana.

The worker parent's death or catastrophic injury must have resulted in a substantial decline in the family's income, which is likely to impede the student child's pursuit of his or her educational objectives.

Scholarship awards can be used for the following types of institutions:

- Trade School/Vocational School
- Industrial/Commercial Training
- Junior College/Community College
- College – Undergraduate
- College – Graduate School

In addition, in a situation where a high school student would be hindered in his/her effort to successfully complete high school due to the financial impact of the work-related fatality or catastrophic injury, Kids' Chance may award grants to assist the high school student and his/her family so as to allow the student to successfully complete his/her high school education.

Scholarships may be used for both public and private educational institutions, both within and outside of the State of Indiana.

Scholarships may be used for the following:

- Tuition/Fees
- Books
- Room and Board
- Utilities

Scholarships are awarded annually or semiannually on either an academic or calendar year basis. The recipient must verify his/her ongoing successful academic/educational performance during the course of the grant year if requested to do so by Kids' Chance of Indiana, Inc.

Scholarships/grants are awarded on the basis of the student's need and the amount of funds available to the Kids' Chance organization at the time. Current annual scholarship/grant amounts range from \$500 to \$3000. Current maximum annual award amount is \$3000 (per either calendar year or academic depending on the specific circumstances pertaining to the individual applicant).

Previous scholarship recipients are required to reapply each year in order to be reconsidered for an additional monetary award. At the time of reapplication, the previous recipient should provide an updated financial statement including the Renewal Free Application for Federal Student Aid (Renewal FAFSA) and current year's Student Aid Report (SAR) documents, a transcript of the preceding year's academic performance, and an explanation of any extenuating or mitigating circumstances relevant to the student's application for more financial aid.

Kids' Chance of Indiana, Inc. scholarships will not be awarded to individuals who are directly related, either by birth, adoption, or marriage, to members of Kids' Chance of Indiana Board of Directors and/or the Kids' Chance of Indiana Scholarship Award Selection Committee.

Kids' Chance of Indiana, Inc. is an equal opportunity organization. Scholarships are awarded without consideration of the applicant's gender, race, religion, nationality, or ethnic origin.



Scholarship Application Form Support Documents

- High school transcript and college/technical school transcript (if attended).
- Copy of the last two (2) years' Federal tax returns of applicant and his/her parent(s) and/or legal guardian.
- Financial aid applications and replies (including FAFSA and SAR documents) from college or technical school (see below re:supporting documentation required).
 - Letters of recommendation (optional).
 - Current rehabilitation reports of injured parent (if applicable).
 - Current medical reports of injured or ill worker parent.
 - Death certificate of deceased parent (if applicable).
 - Brief description of accident.

It would be helpful if you would please list the names of all persons who assisted in the applicant in the preparation of this document.

A Kids' Chance scholarship is just one of many that may be available to an applicant. The Federal government provides grants and loans based on need. The State of Indiana has various grants and scholarships based on need and academic performance. Other sources of financial aid are available, and information on all forms of aid is likely to be available in the applicant's high school guidance office.

The cornerstone of the federal financial aid process is the Free Application for Federal Student Aid (FAFSA). A blank form (and assistance in completing it) should be available in the applicant's high school guidance office. Please note that the priority date for filing the FAFSA is March 1 of the spring prior to the academic year.

In response to the FAFSA, the applicant will receive a student Aid Report (SAR) from the Federal Student Aid Programs. It is important to respond to the SAR as data are corrected and re-reported.

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). The renewal forms are sent to the applicant's last permanent address each year. The deadlines and response process are the same in subsequent years as described above for the first year.

We request copies of the FAFSA and SAR's for each academic year as supporting documentation for the scholarship application. We also request copies of any financial aid notification letters received from the academic institution or other sources. Failure to supply these documents may preclude or delay the awarding of a Kids' Chance of Indiana, Inc. Scholarship.

(Please note the forms, addresses, and dates above are determined by government agencies or other entities and may be subject to change. It is the responsibility of the applicant to determine and comply with all of the applicable regulations of Federal/State agencies and those of the educational institution which the student attends or plans to attend.)



Scholarship Application Form

Applicant (Child/Student) Information

Name: (first - middle - last) _____

Applicant Address: _____

Apartment Number _____ (if Applicable)

City/Town _____ State _____ Zip Code: _____

Applicant's Telephone Number: (Home) _____ (Work) _____

Applicant's Daytime Number: (if applicable) _____

Applicant's Age _____ Date of Birth: (MM/DD/YY) _____

Social Security Number (###-##-####) _____

Parental Information

Father's Name: (first - middle - last) _____

Father's Address: _____

Apartment Number _____ (if Applicable)

City/Town _____ State _____ Zip Code: _____

Applicant's Telephone Number: (Home) _____ (Work) _____

Mother's Name: (first - middle - last) _____

Mother's Address: _____

Apartment Number _____ (if Applicable)

City/Town _____ State _____ Zip Code: _____

Applicant's Telephone Number: (Home) _____ (Work) _____

Applicant - School Information

High School Attended/Attends _____

School's Address: _____

City/Town _____ State _____ Zip Code: _____

Educational Institution for Which Applicant Intends to Use Scholarship

Name of Institution _____

Institution's High School Attended/Attends _____

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
- Industrial/Commercial Tech Junior College/Community College
- College (Undergraduate)
- Graduate School (specify Type) _____
- Other (specify) _____

Major Field of Study: _____

Career objectives: _____

Have you been awarded any other scholarship or financial aid? Yes No

If yes, please identify each of these and specify the amount of award each year. Please also send FAFSA and SAR documents if applicable.

Please list all other forms of scholarships and/or financial aid for which you have applied.

Please detail any unusual or extenuating circumstances which you feel Kids' Chance of Indiana, Inc. organization should consider when reviewing your scholarship request:

How did you learn about the Kids' Chance of Indiana, Inc. Scholarship Program?

Injured/Deceased Worker Information

Name of Injured/Deceased Worker: (first - middle - last) _____

Worker Address: _____

Apartment Number _____ (if Applicable)

City/Town _____ State _____ Zip Code: _____

Social Security Number (###-##-####) _____ W.C. Board Claim # _____

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

Name of Employer: _____

Employer Address: _____

City/Town _____ State _____ Zip Code: _____

Date of Occurrence: Month: _____ Date: _____ Year: _____

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 - Describe: _____
- Work-related catastrophic illness - Describe: _____

Has/will the injured/ill worker return to work? Yes No

If yes, when: Month: _____ Date: _____ Year: _____

Financial Affidavit of Family (residing in same household) of Applicant

Please note that in addition to providing the financial information to follow in this application, any applicant who will be using Kids' 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)

Workers' Compensation Benefit \$ _____

Disability Insurance..... \$ _____

Other Insurance Payments \$ _____

Income per month of spouse of injured/deceased employee \$ _____

Name & Address of Employer _____

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

Student Applicant's Income: \$ _____ \$ _____

Name 1: _____ \$ _____

Name 2: _____ \$ _____

Name 3: _____ \$ _____

Name 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 (e.g. lottery, litigation) \$ _____

Average Total Monthly Income \$ _____

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

Current Family Expenses (Monthly Average)

Rent, house payment..... \$ _____

Food \$ _____

Clothing \$ _____

Incidentals..... \$ _____

Medical/Dental bills (not covered by workers' 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 \$ _____

kids' chance of indiana, inc.
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Gas utility bill	\$ _____
Telephone bill	\$ _____
Water/sewer bill.....	\$ _____
Child support payments made to children not residing in applicant's household.....	\$ _____
Any other monthly expenses (please specify):	\$ _____
Item 1 _____	\$ _____
Item 2 _____	\$ _____
Item 3 _____	\$ _____
Average Total Monthly Expenses	\$ _____

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

Total Current Assets of Family

Cash on hand or in banks (savings, checking, etc)	\$ _____
Stocks, Bonds, Notes	\$ _____
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 Current Family Assets	\$ _____

Total Current Liabilities of Family

Credit Union.....	\$ _____
Real Estate Mortgage.....	\$ _____
Automobile Loans	\$ _____
Other notes/loans - (please specify)	
Loan 1 _____	\$ _____
Loan 2 _____	\$ _____
Other bills/liabilities/debts - (please specify)	
Debt 1 _____	\$ _____
Debt 2 _____	\$ _____
Total Current Family Liabilities	\$ _____

Contingent Liability Income/Awards

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:

Prior to completing your application please go over your answers one final time for accuracy.

Please remember to gather your other supportive materials and send them to Kids' Chance of Indiana. Your application will not be completed until ALL documents have been received.