Scholarship Application
Kids’ Chance of Missouri
P.O. Box 410384
St. Louis, MO  63141
314-997-3390
314-432-5894 (Fax)
susgroup@gmail.com

_____  New Application
_____  Renewal Application (list any changes from original application)

Who is eligible?  Children with a parent killed or seriously injured in a work-related accident that is compensable under the Missouri Workers’ Compensation Law.

What is the length of the scholarship?  One school year.  Students must reapply each year.  Scholarship awards are contingent on availability of funds.

What can the scholarship money be used for?  Tuition, books, supplies, housing, meals and other education-related expenses not covered by other grants or scholarships.

What educational institutions qualify?  Any accredited, post-high school educational institution, e.g, university, college, trade school, community college, graduate school.

Deadlines for submitting completed applications and supporting documents:
   May 15  Fall & Spring semesters
   October 30  Spring semester

Applications and supporting information should be sent to the above address.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

I.  STUDENT APPLICANT INFORMATION

Name: ____________________________________________
       First                Middle                Last

Present Address ____________________________________
       Street                Apt. #
       City                 State                 Zip

Home Telephone: ___________________________  Cell Phone: ___________________________

E-mail ________________________________________

Age: ___________________________  Date of Birth ___/___/______  Social Security Number _____-____-______
### II. FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Father’s name:</th>
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<tbody>
<tr>
<td>First</td>
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<td></td>
</tr>
<tr>
<td>Mother’s name:</td>
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<tr>
<td>--------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>First</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Street</td>
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<td></td>
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<tr>
<td>Parent’s telephone:</td>
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<tr>
<td>Parent’s cell phone:</td>
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<tr>
<td>How many siblings may also qualify for a scholarship in the future?</td>
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<td>Parent’s E-mail:</td>
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### III. INJURED/DECEASED PARENT INFORMATION

<table>
<thead>
<tr>
<th>Parent’s name:</th>
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<tbody>
<tr>
<td>First</td>
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<tr>
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<tr>
<td>Date of work injury/illness:  <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Date of death:  <em><strong>/</strong></em>/____</td>
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<tr>
<td>Briefly describe the accident, subsequent treatment and current condition:</td>
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<tr>
<td>________________________________________________________________________________________________________________________________________</td>
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<tr>
<td>What did the injured parent earn before the accident/disease?  _____________________________________________________________</td>
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<tr>
<td>Injured parent’s occupation/job title before the accident?  _____________________________________________________________</td>
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<tr>
<td>Missouri Workers’ Compensation Injury Number: (e.g., 15-109560)  ______________________________________________________</td>
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<tr>
<td>Status of Missouri workers’ compensation claim (e.g., pending, settled, on appeal):  ______________________________________</td>
</tr>
<tr>
<td>Did the injured parent return to work?  _____ yes  _____ no  When?  __________________  What does s/he now earn?  __________________</td>
</tr>
<tr>
<td>Name &amp; phone number of any attorneys involved in handling the injured parent’s case:  _____________________________________</td>
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### IV. ACADEMIC INFORMATION

<table>
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<tr>
<th>Where do you currently attend school?</th>
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<tbody>
<tr>
<td>Name of School</td>
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</tr>
<tr>
<td>How far along in school are you?</td>
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<tr>
<td>Intended/current major:</td>
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<tr>
<td>Your career objectives:</td>
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</table>
IV. ACADEMIC INFORMATION (CONTINUED)

If a high school senior, where have you applied for next year?

Name: __________________________________________ admitted _____ yes  _____ no  _____ pending

Name: __________________________________________ admitted _____ yes  _____ no  _____ pending

Name: __________________________________________ admitted _____ yes  _____ no  _____ pending

Name of school you wish to attend: _____________________________________________________________

Type of educational institution (check one):

_____ College/University (four year undergraduate degree)

_____ Junior/Community College (two year undergraduate degree)

_____ Trade/Vocational School

_____ Other (specify) ____________________________________________________________

Anticipated start date: __________________________ Anticipated graduation date: _______________________

Annual Tuition $_________________________ What scholarships or grants will you receive? __________________________

________________________________________________________

Will you: _____ Commute from home  _____ Live on campus  _____ Live off-campus

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), list your monthly rent: $__________

V. 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.

• I hereby apply for a scholarship through Kids’ Chance of Missouri.

• I hereby give consent to Kids’ Chance of Missouri, its agents and employees, to verify the information in this application and attachments by contacting any individual, government, educational institution, or other entity. I understand that any intentionally false or misleading information I have submitted with this application will result in immediate rejection, cancellation of award and/or return of expended funds.

• If I am awarded funds, I agree to: (1) provide Kids’ Chance of Missouri with a photo and written authorization to use it on its website and in publications; (2) attend special events when feasible; and (3) send annual updates on my academic and extracurricular progress.

• I understand and acknowledge that Kids’ Chance scholarships are benevolent awards based on funds available to Kids’ Chance. Selection of recipients and amounts awarded are within their sole discretion. I am not legally entitled to any scholarship based on this application.

Signature of applicant: __________________________________________ Date: ____________________________

Signature of parent/guardian (if applicant is under the age of 18): __________________________________________ Date: __________
VI. DOCUMENT CHECKLIST

REQUIRED (Please submit with your application)

___ A completed Kids’ Chance of Missouri scholarship application
___ 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 of Missouri 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 shown below. WE MUST HAVE YOUR STUDENT ACCOUNT STATEMENT TO PROCESS YOUR APPLICATION.

___ Proof that parent has sustained a serious injury/illness resulting from work-related accident; for example, a copy of a court order, a settlement agreement, 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.

___ 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).

___ 2 Tax returns for injured parent’s household: (1) the year before the disability (2) most current tax return

Kids’ Chance of Missouri scholarships will be paid directly to the educational institution and are credited after all scholarships and grants.

PLEASE SUBMIT COMPLETED APPLICATION AND ATTACHMENTS TO:

    Kids’ Chance of Missouri
    P.O. Box 410384
    St. Louis, MO 63141
    E-mail: susggroup@gmail.com
    www.mokidschance.org

If you have application questions or concerns, please call Kids’ Chance of Missouri at 314-997-3390

4-2016