**Scholarship Application**

**Renewal Application**

**Please submit all materials electronically**

Kids’ Chance of Missouri  
314-997-3390  
314-432-5894 (Fax)  
susgroup@gmail.com

**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 electronically.

### I. STUDENT APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

| Present Address ______________________ |
| Street ______________________________ |
| Apt. # ______________________________ |
| City __________________________ State | Zip |

| Home Telephone: ______________________ | Cell Phone: ______________________ |

| E-mail ______________________________ |

| Age: __________________ | Date of Birth ___/___/____ | Social Security Number _____-____-______ |
### III. INJURED/DECEASED PARENT INFORMATION

Parent’s name: __________________________________________________________________________________________  
First  Middle  Last  

Date of work injury/illness:  ____/____/_____,  Date of death:  ____/____/_____.  

Date of birth of injured or deceased parent & Social Security Number:  ____/____/_____  and  SSN  ______-____-_____.  

Briefly describe the accident, subsequent treatment and current condition: (provide separate sheet of paper if necessary)  
__________________________________________________________________________________________________________  
__________________________________________________________________________________________________________  
__________________________________________________________________________________________________________  

What did the injured parent earn before the accident/disease?  ___________________________________  

Did the injured parent return to work?  _____ yes  _____ no  When?  ____________  What does s/he now earn?  ____________  

### IV. ACADEMIC INFORMATION

Where will you attend school in the upcoming fall semester?  

<table>
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<tr>
<th>Name of School</th>
<th>Street Address</th>
<th>City, State Zip</th>
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How far along in school are you?  ______________  How much more school you have?  ________________________  

Intended/current major:  ____________________________________________________  

Your career objectives:  ____________________________________________________  

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.

- Has your financial situation changed in the past year? Explain _______________________________________________ ______________________________________________________________________________________________________

*  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

- School 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.**

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 ELECTRONICALLY TO:**

  Kids’ Chance of Missouri

  susgroup@gmail.com

  www.mokidschance.org

If you have application questions or concerns, please call Kids’ Chance of Missouri at 314-997-3390 or e-mail: susgroup@gmail.com

3-2020