



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.

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

Father's name: _____
First Middle Last

Mother's name: _____
First Middle Last

Address: _____
Street Apt. #
City State Zip

Parent's telephone: _____ Parent's cell phone: _____

How many siblings may also qualify for a scholarship in the future? _____

Parent's E-mail: _____

III. INJURED/DECEASED PARENT INFORMATION

Parent's name: _____
* First * Middle * Last * Social Security Number

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?

Name of School Street Address City, State Zip

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