

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: ____/____/____

Briefly describe the accident, subsequent treatment and current condition: _____

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

Injured parent's occupation/job title before the accident? _____ After _____

Missouri Workers' Compensation Injury Number: (e.g., 15-109560) _____

Status of Missouri workers' compensation claim (e.g., pending, settled, on appeal): _____

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

Name & phone number of any attorneys involved in handling the injured parent's case:

IV. ACADEMIC INFORMATION

Where do you currently attend school?

Name of School Street Address City, State Zip

How far along in school are you? _____

Intended/current major: _____

Your career objectives: _____

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: susgroup@gmail.com
www.mokidschance.org

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