

Kids' Chance of Kentucky, Inc.
Eligibility & Application Procedures

MISSION

The mission of Kids' Chance of Kentucky, Inc. is to provide educational scholarships to the children of Kentucky workers who have been seriously, catastrophically or fatally injured in work related accidents.

WHO CAN APPLY?

To qualify, the scholarship recipient must be the child of a worker who has been seriously, catastrophically or fatally injured in a work-related accident.

CRITERIA

1. The applicant must be the natural, adopted, step-child or full dependent of a worker killed or permanently injured in a compensable work-related accident during the course and scope of employment with a Kentucky based employer and entitled to receive benefits under the Kentucky Workers' Compensation Act.
2. The applicant must be between the ages of 16 and 25 at the time of the application.
3. The applicant must demonstrate substantial financial need.
4. Academic achievement, aptitude and community service of the applicant are considered.

FILING DEADLINE

The time period for submitting completed applications and all supporting documents is as follows:

April 15 for Fall & Spring Semester Scholarship
October 30 for Spring Semester Scholarship

Send Applications and Supporting Documents To:

KIDS' CHANCE OF KENTUCKY
Scholarship Committee
P. O. Box 910234
Lexington, KY 40591

Kids' Chance of Kentucky Scholarship Application

Academic Year Applying For _____

1. _____
First Name M.I.

Last Name

2. _____
Address Apartment #

City State Zip

3. (_____) _____
Home Phone Number

(_____) _____
Other / Cell Phone Number

Email Address

4. _____
Date of Birth Last 4 of Social Security #

5. _____
Father's Name

Mother's Name

6. _____
Number of family members living at home
dependent on the injured or deceased parent

How many of these are minor children

7. _____
Name of high school applicant attends/attended

Address of high school applicant attends/attended

8. If you are currently in college:

Name of College

Address of College

Major Field of Study, if known/declared

9. If you are currently in high school and you
have been accepted for college admission,
please name the school(s):

10. If you have NOT been accepted for college admission
name the colleges you have applied to:

11. Other types of scholarships or financial aid you
have applied for:

12. Have you been awarded any other scholarships or
financial aid? ____yes ____no

If so, please identify and state the amount of each:

13. How did you learn about Kids' Chance of Kentucky?

14. _____
Name of injured or deceased parent

Date of Injury/Death Last 4 of Social Security #

Name of Employer at time of injury

Address/phone number of employer

Name/phone number of current employer
(if applicable)

Financial Affidavit of Family of Applicant Residing in Same Household

*Applicant May Substitute the Free Application For Federal Student Aid (FAFSA)

FAMILY INCOME (Averaged on a monthly basis):

- | | |
|--|----------|
| 1. Workers' Compensation Payment | \$ _____ |
| 2. Disability Insurance | \$ _____ |
| 3. Other Insurance Payments | \$ _____ |
| 4. Current Income of Spouse of Injured or Deceased Employee | \$ _____ |
| 5. Additional Income of other Dependents of Injured or Deceased Employee Residing in Same Household with Applicant | \$ _____ |
| 6. Student Applicant's Income | \$ _____ |
| 7. Names and Income of other family members living at home | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 8. Financial assistance from any state or federal agency | |
| Name of Agency: _____ | \$ _____ |
| _____ | \$ _____ |
| 9. All other sources of Income _____ | \$ _____ |
| TOTAL MONTHLY INCOME: | \$ _____ |

FAMILY EXPENSES (Averaged on a Monthly Basis):

- | | | | |
|--|----------|--------------------------------|----------|
| 1. Rent, House Payment | \$ _____ | 2. Food | \$ _____ |
| 3. Clothing/Incidentals | \$ _____ | 4. Car Payments | \$ _____ |
| 5. Utilities (Electric, Water, Etc.) | \$ _____ | 6. Insurance | \$ _____ |
| 7. Medical/Dental Bills not covered by Workers' Compensation | | | \$ _____ |
| 8. Other Payments | \$ _____ | TOTAL MONTHLY EXPENSES: | \$ _____ |

FAMILY ASSETS:

- | | |
|--------------------------|----------|
| 1. Cash on Hand/Banks | \$ _____ |
| 2. Stocks, Bonds, Notes | \$ _____ |
| 3. Real Estate | \$ _____ |
| 4. Autos | \$ _____ |
| 5. Other Property/Assets | \$ _____ |
| TOTAL ASSETS | \$ _____ |

FAMILY LIABILITIES:

- | | |
|---------------------------------------|----------|
| 1. Real Estate Mortgage | \$ _____ |
| 2. Auto Loans | \$ _____ |
| 3. Other Bank Notes/Loans | \$ _____ |
| 4. Other Bills Including Credit Cards | \$ _____ |
| TOTAL LIABILITIES | \$ _____ |

Additional Documents Required

- Official High School Transcript of Grades and College/Technical School Transcripts if attended.
- Financial Aid Information from College or Technical School if applicable.
- Letters of Recommendation – At least 1 must be from a teacher or guidance counselor.
- Current Medical Reports and/or First Report of Injury of Parent/Guardian
- Current Rehabilitation Reports of Injured Parent
- Death Certificate of Parent/Guardian if applicable
- Brief Description of Accident / Workplace Injury

Personal Narrative – Not To Exceed Two Pages: Tell us about you and your family. What are your interests outside of school including community and volunteer services. What are your career plans and goals. Tell us any other circumstances you feel that Kids' Chance should know in reviewing your scholarship request.

For Applicants Currently Attending High School This Information Shall Be Completed By The High School Guidance Office

Cumulative GPA _____
Signature of Guidance Counselor _____ Date _____

I hereby apply for a scholarship from Kids' Chance of Kentucky, Inc. I hereby consent for Kids' Chance of Kentucky, Inc. to verify the contents of this application. I agree to provide a copy of each quarter's (or semester's) grades to Kids' Chance of Kentucky, Inc. It is fully understood that compliance in this matter is necessary for funds to be paid on a regular basis.

I certify that the information provided in this application is true and correct to the best of my knowledge and belief. I agree to allow my name and picture to be used in Kids' Chance of Kentucky promotional materials, if I am awarded a scholarship.

I hereby consent for Kids' Chance of Kentucky, Inc., its agents, employees, or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution, or other entity.

Applicant's Signature

Date

Parent / Legal Guardian

Date