



Application for Scholarship

A. New Application Contact Information

Name: First, Middle, Last _____

Address: _____ City, State, Zip _____

Best phone number to reach you: _____ ☐ mobile ☐ work ☐ home

2nd phone, if available: _____ ☐ mobile ☐ work ☐ home

Best email to reach you: _____

Alternate email if any: _____

Age: _____ Date of Birth: / / Last 4 digits of SS#: _____

B. Parent/Household Information

Parent/Guardian 1: First, Middle, Last _____

Address (if different): _____ City, State, Zip _____

Primary phone number: _____ ☐ mobile ☐ work ☐ home

Parent/Guardian 2: First, Middle, Last _____

Address (if different): _____ City, State, Zip _____

Primary phone number: _____ ☐ mobile ☐ work ☐ home

Is the **UN-injured/surviving** parent employed?

☐ No, not employed ☐ Yes, currently employed as follows: ☐ Full-time ☐ Part-time

Please indicate the status of the **UN-injured/surviving** parent's salary compared to what it was at the time of the injury:

☐ Higher salary now ☐ About the same ☐ Lower salary now

How many other people in your immediate family will be enrolled in a college, technical school or university at the same time as you, **not** including yourself? _____

B. Injured/Deceased Claim Information

Name of parent with the workers' compensation claim of fatality or injury:

First, Middle, Last: _____ Relationship to you: _____

Nature of claim: ☐ Work-related injury or illness ☐ Work-related death

☐ Permanent and total disability, fully adjudicated ☐ Other, please explain:

Date of injury or death: ____________

Employer's name at time of incident: _____

Worker's Compensation Claim Number: _____
(Or attach determination letter)

Brief description of the accident or incident resulting in injury or death: [100-word limit]

If case of injury/illness is the injured parent **currently** employed?

☐ No, not currently employed

☐ Yes, currently employed as follows: ☐ Full-time ☐ Part-time

Current Employer: _____

Please indicate the status of this parent's salary compared to what it was at the time of the injury:

☐ Higher salary now ☐ About the same ☐ Lower salary now

If this parent will return to work, please indicate when: Month/Year: ________

D. Education Information

Current High School Students Only:

Name of high school: _____ City, State, Zip: _____

High school *cumulative* GPA: _____

College, Technical School or University Enrollment Section:

Name of institution you plan to attend with this scholarship: _____

Have you been accepted? ☐ Yes ☐ No

Institution's mailing address: _____

City, State, Zip: _____ Institution's main phone number: _____

Name of institution you currently attend if different than above: _____

Current Cumulative GPA: _____ Current Cumulative Credits Earned: _____

Plan to Enroll: ☐ Full-time ☐ Part-time [Note to states: If full time enrollment is required, ask this up front so students don't waste time if they are ineligible.]

Plan to Live: ☐ Campus Housing ☐ Off-Campus Housing (not at home) ☐ Live w/Parent(s)

Intended major, career interests, goals: [200-word limit]

Type of institution you will attend.

- ☐ College/University (4-5 years)
- ☐ Junior/Community College (2-3 years)
- ☐ Trade/Tech/Vocational (1 – 3 years)
- ☐ Graduate
- ☐ Other? Please indicate

COA - Official Annual Cost of Attendance at your college or university, as indicated on your college financial aid award letter or Student Aid Report (SAR) from the FAFSA:

\$_____

SAI - Official Student Aid Index (SAI) as indicated on your Student Aid Report from the FAFSA:

\$_____

If you are attending a trade or vocational program that does not participate in federal financial aid programs, please indicate the cost as follows:

Indicate cost per credit, course or whole program: \$_____ Circle: Credit/Course/Program

Length of Trade/Tech/Voc Program in months? _____/months

If you are considering another college, please include that information here – if NOT, THEN SKIP to question below.

Name of another institution you may attend: _____

Have you been accepted? ☐ Yes ☐ No

Please share any unusual circumstances of which you would like us to be aware and/or any financial changes since completing the FAFSA.

Where did you hear about this scholarship?

- ☐ High School Counselor/Advisor
- ☐ College Official/Advisor
- ☐ Parent or family member
- ☐ Attorney
- ☐ Case manager
- ☐ Online search
- ☐ Kids' Chance postcard or email
- ☐ Other, please indicate: _____

By signing below, you agree that this information is truthful to the best of your knowledge and that the scholarship committee may follow up with you or other parties to verify the accuracy.

Signature: _____ **Date:** _____

Mail your completed application and all required supporting documents to:
Kids' Chance of South Carolina
Post Office Box 2957
Georgetown, SC 29442-2957
OR

Email to angie@kidschancesc.org