



www.KidsChanceDE.org

Scholarship Application

Application Type (please check one): NEW RETURNING STUDENT

Instructions: Please mail your completed application along with supporting documents to Kids' Chance of Delaware, Inc. Please do NOT fold or staple the application and supporting documents together. If submitting your application by email, please attach the application and all supporting documents and send it to: KCDEinfo@gmail.com. Kids' Chance does not accept applications by fax.

Deadline: Application and all supporting documentation must be received no later than **June 15th**.

Section A: STUDENT APPLICANT INFORMATION

Name:

First Middle Last

Present Address:

Street Address:

City State Zip County

Home Telephone: _____ Cell Phone: _____ Email: _____

Age: _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

M D YR

Section B: FAMILY INFORMATION

Father's Name:

Mother's Name:

Parents' Address (If different than above):

Street _____

City State Zip County

Parents' telephone: _____

Parent's Email Address: _____ Parent's Cell Phone: _____

Is uninjured/surviving parent employed? Yes _____ No _____

If yes, Full-time or Part-time? (Please circle one)

If yes, name of current employer: _____

Telephone number: _____

Street Address:

City State Zip County

Section C: INJURED/DECEASED PARENT AND CLAIM INFORMATION

Parent's name

First Last Relationship

Social Security #: _ _ - _ - _

Date of Birth: _____

Nature: Describe the Work-related injury:

Death related to work injury _____ (Y/ N)

Date of Injury or death: ____/____/____
M D YR

Name of Employer when accident, illness, injury or death occurred):

Street Address:

City State Zip County

Employer telephone: _____

Workers' occupation/job title: _____

Workers' Compensation insurance carrier: _____

Workers' Compensation Claim/File #: _____

Is injured parent currently employed? Yes ____ No ____

If yes, Full – time or Part – time? (Please circle one)

If yes, name of employer: _____

Telephone number: _____ Occupation/job title: _____

Supervisor/contact person: _____

Street Address:

City State Zip County

Brief Description of the Accident and Injury:

Section D: ACADEMIC INFORMATION

Name of school applicant is currently attending:

Type of educational institution (check one below):

_____ College/University (four-year undergraduate degree)

_____ Junior/Community college (two-year undergraduate degree)

_____ Trade/Vocational school

_____ High School

If attending college, please list major or area of study:

Current GPA: _____

If you are currently attending college / technical school, will you be attending the same school next year?

Yes ___ No ___

If you are attending college / technical school, and you do not plan to attend the same school next year, please list the school you will be attending: _____

In the Fall Semester, you will be a: Freshman _____ Sophomore _____ Junior _____ Senior _____

What year do you expect to graduate with your degree? _____

If you are currently attending high school, will you be attending college/ technical school next year?

Yes ___ No ___

What year do you expect to earn your high school diploma? _____

If you are currently a high school senior, please list the educational institution(s) you have applied to:

School: _____ Admitted: Yes _____ No _____ Pending _____

School: _____ Admitted: Yes _____ No _____ Pending _____

School: _____ Admitted: Yes _____ No _____ Pending _____

Please list any scholarships or financial aid and the amounts that you expect to receive for the next academic year:

SECTION E: Short Biography: Provide an attachment with a short biography about yourself and your family's story.

SECTION F: School and Career Goals: Provide an attachment with a brief summary of your schooling and career goals and how Kids' Chance will help you achieve your goals.

SECTION G: Provide a recent photograph of yourself.

SECTION H: Provide your most recent transcript.

SECTION I: Provide your Workers' Compensation claim approval letter and/or relevant medical reports documenting the fatality or catastrophic injury to your parent.

SECTION J: 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.

Signature of Scholarship Applicant

Date

Signature of Parent/Guardian/Other Person
Assisting in the Completion of Application

Date

PLEASE READ CAREFULLY:

I hereby apply for a scholarship from Kids’ Chance of Delaware, Inc. I understand that scholarships granted by Kids’ Chance of Delaware, Inc. are benevolent awards and these are made on the basis of funds available to the Kids’ Chance of Delaware, Inc. organization. I further understand that the selection of the recipients of Kids’ Chance of Delaware, Inc. scholarships is a determination made solely by Kids’ Chance of Delaware, Inc., and its Board of Directors. I further understand that Kids’ Chance of Delaware, Inc., has the sole discretion as to who shall receive Kids’ Chance of Delaware, Inc. scholarship awards, and the amounts and terms thereof. I acknowledge that I am in no way legally entitled to any scholarship, award, or grant by the act of submitting this application. If a scholarship is granted to me, I am in no way legally entitled to any continuation or renewal thereof. Eligibility for scholarships is limited to five academic years from the first post-high school award, not to include graduate studies. All applications are subject to review by the Scholarship Committee and Board of Directors. I hereby expressly permit Kids’ Chance of Delaware, Inc., its agents, employees, or designees to verify any information contained in this application to include contacting any individual, government, educational institution, or other entity. I also hereby expressly permit Kids’ Chance of Delaware, Inc., to contact my school or any other entity to obtain current information about my financial need, eligibility, receipt of other financial assistance, and total tuition amounts remaining due after receipt of all financial aid, other assistance, scholarships, and grant awards. I agree to send a copy of my transcript to Kids’ Chance of Delaware, Inc., following the conclusion of each semester to verify my grades and my continued good standing. I understand that any intentionally false or misleading information I have submitted on this application will result in immediate rejection, cancellation of award and/or return of awarded funds. If a scholarship is awarded to me, I hereby grant Kids’ Chance of Delaware, Inc. permission to use my name and likeness/my child’s name and likeness in materials used by the charity for its promotional purposes and its reporting requirements. This includes information to prospective donor groups and individuals to further the mission of Kids’ Chance of Delaware, Inc.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

SECTION K: OTHER INFORMATION

Where did you learn about Kids' Chance?

Internet search ____ High School Guidance Counselor ____ Referral from lawyer, case manager, etc. _____

If referred to Kids' Chance, please list your referral source and their contact information:
