



Kids' Chance of North Carolina, Inc.

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KIDS' CHANCE OF NORTH CAROLINA SCHOLARSHIP APPLICATION CHECKLIST

IT IS IMPORTANT THAT ALL THE NECESSARY DOCUMENTS ARE INCLUDED WITH YOUR SCHOLARSHIP APPLICATION. PLEASE USE THIS CHECK LIST TO ENSURE THAT YOUR APPLICATION WILL BE REVIEWED AND PROCESSED FOR RECOMMENDATIONS WITHOUT THE NEED TO REQUEST ADDITIONAL INFORMATION.

- APPLICATION – Completed and signed**
- HIGH SCHOOL TRANSCRIPT – Showing grades and attendance or IF attending college, previous semester's transcript**
- LETTERS OF RECOMMENDATION – Minimum of two: Not from relatives**
- DEATH CERTIFICATE of deceased parent – if applicable**
- CURRENT MEDICAL REPORTS and first report of injury of parent**
- CURRENT REHABILITATION REPORTS on injured parent**
- BRIEF DESCRIPTION OF PARENT'S ACCIDENT**
- VERIFICATION OF SCHOOL ATTENDANCE**
- ESTIMATED COST OF REGISTRATION, TUITION, TEXT BOOKS, LIVING EXPENSES AND OTHER COSTS**
- ONE PAGE LETTER EXPLAINING EDUCATIONAL GOALS AND THE NEED FOR FINANCIAL ASSISTANCE, VERIFICATION AS APPROPRIATE FOR EXPENSES**
- LIST ALL SOURCES OF INCOME**

6. Industrial Commission File Number and/or Claim Number: _____

7. Workers' Compensation Insurance Company Information:

Insurance Company Name: _____

Address:

_____ Street _____ Suite

_____ City _____ State _____ Zip Code

Phone: (____) _____ Fax: (____) _____

Email: _____

8. Attorney Information (Legal representative of injured or deceased worker), *if applicable*:

Name of Attorney: _____

Address:

_____ Street _____ Suite

_____ City _____ State _____ Zip Code

Phone: (____) _____ Fax: (____) _____

Email: _____

III. Applicant's Academic Background

1. High School Information:

High School Name: _____

Address:

_____ Street

_____ City _____ State _____ Zip Code

Phone: (____) _____ Fax: (____) _____

Email: _____

2. Current G.P.A. (based upon last two semesters of school): _____

Extra Curricular Community/School Activities: _____

3. Institution attending or planning to attend: _____

Address of Institution:

_____ Street

_____ City State Zip Code

4. Type of educational Institution you will be attending or planning to attend:

- College/University (four year undergraduate degree)
- Junior/Community College (two year undergraduate degree)
- Trade/Vocational School
- Other (specify) _____

5. Date you will be beginning/continuing at the educational institution _____

6. Annual Tuition \$ _____

7. Major field of intended study: _____

8. Career Objective: _____

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

10. Have you been awarded any other scholarships for financial aid? Yes No

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

11. Do you plan to be a commuter student or live on campus?

12. If on campus: Annual Room/Board: \$ _____

13. If commuter, will you be living at home while attending school? Yes No N/A

14. If no, what will yearly cost of off-campus rent/utilities be? \$ _____

15. Will you be employed while attending educational institution? Yes No

16. If yes, what type of work: _____ Hours per week: _____

17. Average amount earned per academic year \$ _____

18. Other circumstances which you feel Kids' Chance of North Carolina should know in reviewing your Scholarship request:

19. For potential/technical or college students:

A. Names and addresses of schools applied to: _____

B. If you have been accepted for admission, please name the school(s): _____

IV. Additional Information Regarding Family Liabilities:

With respect to the Sallie Mae loan and loan from NSU, please advise whether these loans were incurred for your education exclusively or whether they represent loans incurred by other family members: _____

If they pertain to other family members as well, specify the amount of the loan attributable to the other family members: _____

FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT RESIDING IN SAME HOUSEHOLD

FAMILY INCOME: (Averaged on a monthly basis)

- 1. Workers' Compensation Payment \$ _____
- 2. Disability Insurance \$ _____
- 3. Other Insurance Payments \$ _____
- 4. Income per month 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. Financial assistance from any state or federal agency such as the following:
 - Welfare \$ _____
 - Child support payment received on behalf of children residing in same household with applicant \$ _____

GRAND TOTAL OF HOUSEHOLD INCOME:

\$ _____

EXPENSE OF FAMILY: *(Averaged on a monthly basis)*

1. Rent, house payment
\$ _____
2. Food
\$ _____
3. Clothing
\$ _____
4. Incidentals
\$ _____
5. Medical & Dental Bills (to extent not covered by Workers' Compensation)
\$ _____
6. Car Payments
\$ _____
7. Maintenance for cars, including gas and oil
\$ _____
8. Recreation
\$ _____
9. Health Insurance Payments
\$ _____
10. Insurance for cars and house
\$ _____
11. Taxes – Property
\$ _____
12. Electricity
\$ _____
13. Gas (for heating)
\$ _____
14. Telephone
\$ _____
15. Water
\$ _____
16. Child support payments made to children not residing in Applicant's household
\$ _____
17. Rent, house payment, mortgage (second)
\$ _____

GRAND TOTAL OF MONTHLY EXPENSES:

\$ _____

TOTAL ASSETS OF FAMILY:

- 1. Cash on hand or in banks \$ _____
- 2. Stocks, bonds, notes \$ _____
- 3. Real Estate
 - Home \$ _____
 - Other \$ _____
- 4. Automobiles \$ _____
- 5. Other personal property \$ _____
- 6. Itemize other assets
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

TOTAL LIABILITIES OF FAMILY:

- 1. Credit Union \$ _____
- 2. Real Estate Mortgage \$ _____
- 3. Automobile loans \$ _____
- 4. Other notes or loans
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
- 5. Other Bills
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

I certify that the above information is true and correct to the best of my knowledge and belief.

Signature _____

Date: _____

Please provide a list of names and phone numbers of all persons who assisted the applicant in the preparation of this document:

STATEMENT OF INTENT/AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby apply for a scholarship from KIDS' CHANCE of NORTH CAROLINA.

I hereby consent for KIDS' CHANCE of NORTH CAROLINA to verify the contents of this application.

I agree to allow the school to send a copy of each quarter's (or semester's) grades to KIDS' CHANCE of NORTH CAROLINA. It is fully understood that compliance in this matter is necessary for funds to be paid on a regular basis.

I hereby consent for KIDS' CHANCE of NORTH CAROLINA, 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.

In return for the consideration of the application form KIDS' CHANCE of NORTH CAROLINA is allowed to use the applicant's name and likeness to advance the charity's purposes and reporting requirements. This includes information to prospective donor groups and individuals to further the goals of KIDS' CHANCE of NORTH CAROLINA.

In accepting scholarship funds from Kids Chance of North Carolina, Inc., the undersigned applicant agrees that he/she will appear at a minimum of one Kids Chance of North Carolina, Inc. fundraising event during the course of his/her college or technical school attendance.

The applicant agrees that should he/she receive additional scholarship funds not set forth in the application at any time prior to or during attendance of college or technical school, the applicant will immediately notify Kids Chance of North Carolina, Inc. to update his/her financial need information.

This application shall be co-signed by a parent or legal guardian for applicants under the age of 18.

Applicant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____