

# Scholarship Application Form

## Applicant (Child/Student) Information

Name: (first - middle - last) \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Apartment Number \_\_\_\_\_ (if Applicable)

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Applicant's Date of Birth: (MM/DD/YY) \_\_\_\_\_

Social Security Number: (###-##-####) \_\_\_\_\_

## Parental Information

Father's Name: (first - middle - last) \_\_\_\_\_

Father's Address: \_\_\_\_\_

Apartment Number \_\_\_\_\_ (if Applicable)

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

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Mother's Name: (first - middle - last) \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Apartment Number \_\_\_\_\_ (if Applicable)

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

## Applicant - School Information

High School Attended/Attends: \_\_\_\_\_

School's Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guidance Counselor (Name) \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

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## Applicant - Employment Information

Are you presently employed?  Yes  No

If so:

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Number of Hours Worked Per Week \_\_\_\_\_

Amount of Compensation Per Week \_\_\_\_\_

Do you intend to continue to work for this employer while attending school?

Yes  No

If not currently employed, please list your last employer.

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Number of Hours Worked Per Week \_\_\_\_\_

Amount of Compensation Per Week \_\_\_\_\_

# Scholarship Application Form

## Educational Institution for Which Applicant Intends to Use Scholarship:

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Name of Institution

Have you already been accepted by this institution?  Yes  No

Date you will be starting/continuing education at this institution is: (MM/YYYY) \_\_\_\_\_

Type of educational Institution: (Pick only one)

- Industrial/Commercial Tech                       Trade School
- College (Undergraduate)                       Junior College/Community College
- Graduate School (specify Type) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Career objectives: \_\_\_\_\_

Have you been awarded any other scholarship or financial aid?  Yes  No

*If yes, please identify each of these and specify the amount of award each year.*

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Please list all other forms of scholarships and/or financial aid for which you have applied.

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# Scholarship Application Form

Please detail any unusual or extenuating circumstances which you feel Kids' Chance of Ohio organization should consider when reviewing your scholarship request.

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How did you learn about the Kids' Chance of Ohio Scholarship Program?

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## Injured/Deceased Worker Information

Name of Injured/Deceased Worker: (first - middle - last) \_\_\_\_\_

Worker Address: \_\_\_\_\_

Apartment Number \_\_\_\_\_ (if Applicable)

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number (###-##-####) \_\_\_\_\_ B.W.C. Claim No. \_\_\_\_\_

## Scholarship Application Form

Employer of Record (when accident/injury/illness/death occurred):

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Occurrence:      Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Nature of Occurrence: (please select only one of the following)

- Death related to injury
- Death related to occupational disease
- Permanent total disability

### Financial Information of Family (residing in same household) of Applicant

***Please note that in addition to providing the financial information to follow in this application, any applicant who will be using Kids' Chance Scholarship Grants for College or technical/trade school educational purposes (i.e., post high school education) should append his/her Free Application for Federal Student Aid (FAFSA) and Student Aid Report (SAR) documents with their application.***

# Scholarship Application Form

## Current Family Income (Monthly Average)

Workers' Compensation Benefit..... \$ \_\_\_\_\_

Disability Insurance..... \$ \_\_\_\_\_

Other Insurance Payments ..... \$ \_\_\_\_\_

Income per month of spouse of injured/deceased employee.. \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Current Family Expenses (Monthly Average)

Rent, house payment ..... \$ \_\_\_\_\_

Food ..... \$ \_\_\_\_\_

Clothing ..... \$ \_\_\_\_\_

Incidentals ..... \$ \_\_\_\_\_

Medical/Dental bills (not covered by workers' compensation) ... \$ \_\_\_\_\_

Car Payments..... \$ \_\_\_\_\_

Maintenance for cars, including gas & oil ..... \$ \_\_\_\_\_

Recreation ..... \$ \_\_\_\_\_

Health Insurance Payments ..... \$ \_\_\_\_\_

Automobile insurance ..... \$ \_\_\_\_\_

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Homeowner's/renter's/casualty insurance .....	\$ _____
Taxes - property .....	\$ _____
Taxes - other .....	\$ _____
Electric utility bill .....	\$ _____
Gas utility bill .....	\$ _____
Telephone bill .....	\$ _____
Water/sewer bill .....	\$ _____
Child support payments made to children not residing in Applicant's household.....	\$ _____
Any other monthly expenses (please specify): .....	\$ _____
Item 1 _____	\$ _____
Item 2 _____	\$ _____
Item 3 _____	\$ _____
Average Total Monthly Expenses .....	\$ _____

Please explain in detail any anticipated future changes in average monthly expenses:

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# Scholarship Application Form

## Total Current Assets of Family

Cash on hand or in banks (savings, checking, etc) .....	\$ _____
Stocks, Bonds, Notes .....	\$ _____
Real Estate - Home .....	\$ _____
Other real estate.....	\$ _____
Automobiles.....	\$ _____
Other Vehicles (e.g. boats, snowmobiles, etc).....	\$ _____
Other Assets, please itemize:	
Asset 1 _____	\$ _____
Asset 2 _____	\$ _____
Asset 3 _____	\$ _____
Total Current Family Assets .....	\$ _____

## Total Current Liabilities of Family

Credit Union.....	\$ _____
Real Estate Mortgage.....	\$ _____
Automobile Loans.....	\$ _____
Other notes/loans - (please specify)	
Loan 1 _____	\$ _____
Loan 2 _____	\$ _____

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Other bills/liabilities/debts - (please specify)

Debt 1 \_\_\_\_\_ \$ \_\_\_\_\_

Debt 2 \_\_\_\_\_ \$ \_\_\_\_\_

Total Current Family Liabilities ..... \$ \_\_\_\_\_

## Contingent Liability Income/Awards

Is any family member currently a plaintiff/claimant in a lawsuit from which additional income or a settlement may be awarded?  Yes  No

If Yes, please explain:

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Please identify any person who may have helped you complete this application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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Prior to completing your application please go over your answers one final time for accuracy.

*Please remember to gather your other supportive materials and send them to Kids' Chance of Ohio at 52 East Gay Street, Columbus, Ohio 43215. Your application will not be completed until ALL documents have been received. If you have any questions regarding the application, please send them to [www.KidsChanceOhio.org](http://www.KidsChanceOhio.org).*

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date: \_\_\_\_\_