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 _____

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Educational Institution for Which Applicant Intends to Use Scholarship:

_____

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.

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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. _____

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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.

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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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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:

_____

_____

_____

_____

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.

_____ Date: _____

Signature of Applicant

_____ Date: _____

Signature of Parent or Legal Guardian

11/10/2009 4083672