

16. Have you been awarded any other scholarships for financial aid? _____
If yes, (Attach Student Aid Report) _____
17. Other circumstances which you feel Kids' Chance of Maryland, Inc. should know in reviewing your scholarship request: _____
18. For potential vocational/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) and list their address.

19. Are you currently involved in a lawsuit arising out of the injury to your parent? _____
 If yes, please explain _____

20. How did you learn about Kids' Chance? _____

FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT RESIDING IN SAME HOUSEHOLD

- | | |
|--|----------|
| 1. Workers' Compensation Payment | \$ _____ |
| 2. Disability Insurance | \$ _____ |
| 3. Other Insurance Payments | \$ _____ |
| 4. Income per month of spouse of injured or deceased employee | \$ _____ |
| Name and address of employer _____ | |
| _____ | |
| 5. Additional income of other dependents of injured or deceased employee residing in same household with applicant | |
| Student Applicant's Income _____ | \$ _____ |
| Income and names of other family members living at home | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 6. Financial assistance from any state or federal agency, such as welfare | \$ _____ |
| 7. Child support payments received on behalf of children residing in same household with applicant | \$ _____ |
| Total Monthly Income \$ _____ | |

EXPENSES OF FAMILY: (Averaged on a monthly basis)

1. Rent, house payment	\$ _____
2. Food	\$ _____
3. Clothing	\$ _____
4. Incidentals	\$ _____
5. Medical & dental bills (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 & 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. Payments on other bills _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	\$ _____

Total Assets of Family:

1. Cash in hand or in banks	\$ _____
2. Stocks, bonds or note	\$ _____
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

In submitting this Application, the Applicant acknowledges that the granting of scholarships is entirely at the discretion of Kids' Chance of Maryland, Inc., and the submission of this Application creates no entitlement or other right to expect the receipt of a scholarship or other assistance from Kids' Chance of Maryland, Inc.

I hereby apply for a scholarship from Kids' Chance of Maryland, Inc. I hereby consent for Kids' Chance of Maryland Inc. 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 Maryland, Inc. It is fully understood that a compliance in this matter is necessary for funds to be paid on a regular basis.

I hereby consent for Kids' Chance of Maryland, Inc. 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.

I hereby consent for Kids' Chance of Maryland, Inc. and its Board Members, their agents, employees, designees to disseminate any information they deem appropriate, including but not limited to, the workers' compensation claim and any injuries and medical conditions of the injured workers, with any individual, evaluation institution or any other entity.

Signature Date

ADDITIONAL DOCUMENTS REQUIRED

- 1. High School transcript of grades and college/technical school transcripts (required)
- 2. Student Aid Report (required)
- 3. Brief description of accident (required)
- 4. Death certificate of deceased parent (if applicable)
- 5. Current rehabilitation reports on injured parent (required)
- 6. Current medical reports and first report of injury of parent (required)
- 7. Letters of recommendation (optional)

It would be helpful if you would please list the names of all persons who assisted the applicant in the preparation of this document. _____