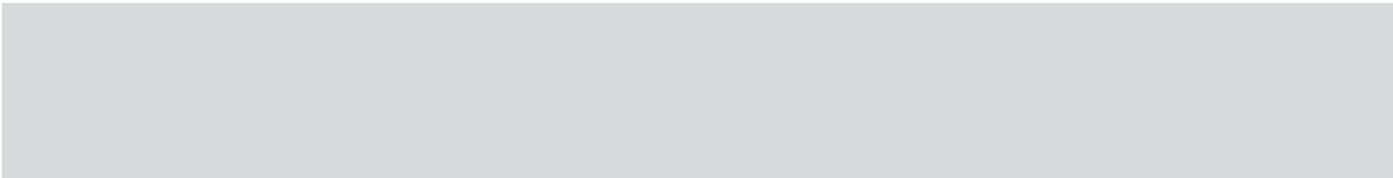


Kids' Chance of Maryland, Inc. • P.O. Box 20262 • Towson, MD • 21284-0262  
410-832-4702 • www.kidschance-md.org • Fax: 410-832-4726

\_\_\_\_\_ **Please Print All Information Requested Except Signatures** \_\_\_\_\_

Application Type (please check one):  New  Renewal      Date of application \_\_\_\_\_



## I. STUDENT APPLICANT INFORMATION

1. Student's Name \_\_\_\_\_  

First
Middle
Last
2. Present Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_
4. Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_  
(to be used for the purposes of submission to PATH/PHEAA)

## II. FAMILY INFORMATION

1. Father's Name \_\_\_\_\_  

First
Middle
Last

 Mother's Name \_\_\_\_\_  

First
Middle
Last
2. Parent's Address (If different than above) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Parent's Phone No. \_\_\_\_\_ Parent's Email \_\_\_\_\_
4. How many residing in household? \_\_\_\_\_ How many family members less than 18 years old? \_\_\_\_\_
5. Is uninjured/surviving parent employed? Yes \_\_\_ No \_\_\_ If yes, average # of hours worked per week \_\_\_\_\_
6. If yes, name of employer \_\_\_\_\_
7. Employer's address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
8. Employer's Phone No. \_\_\_\_\_ Employer's Fax No. \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

**IV. STUDENT APPLICANT'S ACADEMIC INFORMATION**

1. Name and address of College/University applicant has been accepted to or is attending.  
\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_
2. Applicant's GPA if currently enrolled \_\_\_\_\_
3. Intended/Current Major \_\_\_\_\_
4. Applicant's career objectives \_\_\_\_\_
5. Name of Financial Aid Officer at your intended educational institution \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail (required) \_\_\_\_\_
6. Type of educational institution (check one)  
\_\_\_\_ College/University (four year undergraduate degree)  
\_\_\_\_ Junior/Community college (two year undergraduate degree)  
\_\_\_\_ Trade/Vocational school    \_\_\_\_ Other (specify) \_\_\_\_\_
7. Date that you will be beginning/continuing at your educational institution \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant's Name: \_\_\_\_\_

**VI. ATTESTATION / AUTHORIZATION STATEMENT**

**PLEASE READ CAREFULLY**

I certify that all information provided in this application is true and correct to the best of my knowledge and belief.

I hereby apply for a Kids' Chance of Maryland, Inc. scholarship. I hereby give consent to Kids' Chance of Maryland, Inc. to verify the contents of this application and attachments.

I hereby give consent to Kids' Chance of Maryland, Inc., its agents, employees, or designees to contact and verify my information contained in this application and attachments by contact with any individual, government, educational institution, or other entity. 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 expended funds.

If I am awarded funds, I agree to provide Kids' Chance of Maryland, Inc. with a signed letter of authorization and a good quality photo, if available, for use on the Kids' Chance of Maryland website, communications/publications, and social media, to attend special events when feasible, and at the end of each school year to send, fax or e-mail, updates with information on academic/extracurricular progress and successes to Kids' Chance of Maryland, Inc.

I understand that scholarships granted by Kids' Chance of Maryland, Inc., are benevolent awards and these are made on the basis of the funds available to the Kids' Chance of Maryland, Inc. organization. I further understand that the selection of the recipients of Kids' Chance of Maryland, Inc. scholarships is a determination made solely by the Kids' Chance of Maryland, Inc. organization and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance scholarship awards, as well as the amounts of any such awards and that I am in no way legally entitled to any scholarship, award or grant on the basis of this application.

\_\_\_\_\_  
Signature of student applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If applicant is under the age of 18)

\_\_\_\_\_  
Date

Please list the names of all persons who assisted the applicant in preparing this document

\_\_\_\_\_  
Where did you learn about Kids' Chance of Maryland, Inc.?  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**VII. ADDITIONAL DOCUMENTS REQUIRED**

**REQUIRED (Please submit with your application)**

- \_\_\_ A completed Kids' Chance of Maryland Scholarship application.
- \_\_\_ Financial Aid Release Form - We must have this form completed by the financial aid office.
- \_\_\_ **WE MUST HAVE YOUR STUDENT ACCOUNT STATEMENT TO PROCESS YOUR APPLICATION.**
- \_\_\_ Death certificate of deceased parent, if applicable. Death must have occurred as a result of a work-related injury/illness.
- \_\_\_ One to three paragraphs noting the specific work-related accident and why this scholarship would help you attain your educational goals.
- \_\_\_ A copy of your 2016-2017 SAR (Student Aid Report). You should have received your SAR from the Federal government after you submitted your Free Application for Federal Student Aid (FAFSA) online at [fafsa.ed.gov](http://fafsa.ed.gov).

**OPTIONAL**

- \_\_\_ Letters of recommendation

The amount of each Kids' Chance of Maryland, Inc. scholarship award is decided by the Board of Directors and will be paid directly to the education institution.

Kids' Chance of Maryland, Inc.  
P.O. Box 20262  
Towson, MD 21286  
E-mail: [info@kidschance-md.org](mailto:info@kidschance-md.org)  
Website: [www.kidschance-md.org](http://www.kidschance-md.org)

**If you have application questions or concerns, please call Kids' Chance of Maryland, Inc. at 410-832-4702.**

Kids' Chance of Maryland, Inc., P.O. Box 20262, Towson, MD 21284-0262  
410-832-4702 www.kidschance-md.org Fax: 410-832-4726

## TO BE COMPLETED BY THE STUDENT

*Submitting this form does not guarantee that the student will receive funding.*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Student signature release.: \_\_\_\_\_ Date: \_\_\_\_\_

*I have applied for a Kids' Chance of Maryland scholarship for the 2016-17 academic year to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to Kids' Chance of Maryland, Inc.*

## TO BE COMPLETED BY THE FINANCIAL AID OFFICE

*All fields to be completed for the current term.*

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

Campus Location: \_\_\_\_\_

Calendar System:

Semester  Trimester  Quarter Current Term: \_\_\_\_\_ Number of credit hours this term: \_\_\_\_\_

Has student submitted a FAFSA?  Yes  No Federal Expected Family Contribution: \_\_\_\_\_

Yearly Cost of Attendance\*: \$ \_\_\_\_\_ (\*As defined by the U.S. Higher Education Act of 1965, to include tuition, fees, room, board, transportation, books, supplies, etc.)

2016-17 Pell Grant Amount Offered: \$ \_\_\_\_\_

If Pell Grant not available, please indicate reason:  EFC Too High  Not Meeting SAP  Other

Does this student meet Satisfactory Academic Progress?  Yes  No

Total amount of Gift Aid/Grants/Scholarships offered (2016-17 Yearly Total only, including Pell Grant amount): \$ \_\_\_\_\_

Signature of Financial Aid representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE SUBMIT FORM TO: Kids' Chance of Maryland, Inc., P.O. Box 20262, Towson, MD 21284-0262  
or email to: info@kidschance-md.org