

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

Date of application _____

I. STUDENT APPLICANT INFORMATION

- Student's Name** _____
First Middle Last
- Present Address _____
City _____ State _____ Zip _____
- Home Phone _____ Cell Phone _____ Email _____
- Age _____ Date of Birth ____/____/____ Social Security No. Last 4 Digits Only _____
(to be used for the purposes of submission to PATH/PHEAA)

II. PARENT / HOUSEHOLD INFORMATION

- Parent/Guardian 1 Name** _____
First Middle Last
- Address (If different than above) _____
City _____ State _____ Zip _____
- Primary Phone No. _____ Indicate Home Work Mobile
- Parent/Guardian's Email _____
- Parent/Guardian 2 Name** _____
First Middle Last
- Address (If different than above) _____
City _____ State _____ Zip _____
- Primary Phone No. _____ Indicate Home Work Mobile
- Parent/Guardian's Email _____
- Is the UN-injured/surviving parent employed? No Yes, currently employed as follows:
 Full-time Part-time
- Please indicate the status of this parent's salary compared to what it was at the time of the injury:
 Higher salary now About the same Lower salary now
- Current Employer: _____ Current Position _____
Employer's Address _____
City _____ State _____ Zip _____ Employer's phone # _____
- How many people live in the household where you are a dependent? _____ How many under 18? _____
- How many other dependents will be enrolled in a college or technical school at the same time as you, not including yourself? _____

Applicant's Name: _____

III. INJURED / DECEASED PARENT INFORMATION

1. Name of parent with the compensable claim of fatality or injury:
_____ Relationship to you: _____
First Middle Last
2. Nature of claim: Work-related injury or illness Work-related death
3. Date of injury or death: ____ / ____ / ____
4. Employer's name at time of incident: _____
5. Worker's Compensation Claim/File Number: _____
6. Please describe the accident or incident resulting in injury or death:

7. If case of a **work-related injury or illness**, is the injured parent **currently** employed?
 No, not currently employed Yes, currently employed as follows: Full-time Part-time
8. Please indicate the status of this parent's salary compared to what it was at the time of the injury:
 Higher salary now About the same Lower salary now
9. Current Employer: _____ Current Position: _____
Employer's Address: _____
City _____ State _____ Zip _____ Employer's phone # _____
10. If this parent will return to work, please indicate when: Month/Year _____
11. Please explain any unusual or extenuating circumstances that you feel the Kids' Chance of Maryland, Inc. organization should consider when evaluating your scholarship application.

12. Now or in the past, is/has any family member been a plaintiff in a lawsuit or workers' compensation claim from which additional income or settlement may be/has been awarded? IF YES, please explain:

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

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

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. Type of educational institution (check one)
 College/University (four year undergraduate degree)
 Junior/Community college (two year undergraduate degree)
 Trade/Vocational school Other (specify) _____
6. Date that you will be beginning/continuing at your educational institution ____ / ____ / ____

Applicant's Name: _____

V. 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

Applicant's Name: _____

VI. 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.
- ___ 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.

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 21284
E-mail: info@kidschance-md.org
Website: www.kidschance-md.org

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

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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 Social Security No.: _____

Do you plan to enroll full-time for the 2018-2019 academic year? Yes No

I plan to enroll in _____ (Insert # of credits here) Fall 2018 credits and _____ (Insert # of credits here) Spring 2019 credits

Student signature release: _____ Date: _____

I have applied for a Kids' Chance of Maryland scholarship for the 2018-19 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

Please provide the requested financial aid information based on the student's reported enrollment plans above.

School Name: _____

Campus Location: _____

Calendar System Semester Trimester Quarter

Current Fall 2018 Credits Enrolled: _____ Current Spring 2019 Credits Enrolled: _____

Has student submitted a 2018-2019 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.)

2018-19 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 (2018-19 Yearly Total only, including Pell Grant amount): \$ _____

Student's major: _____ Student's Cumulative GPA (not required if student is newly admitted): _____

Student's grade level (FR, SO, JR, SR): _____

Signature of Financial Aid representative: _____ Date: _____

Print Name: _____ Direct Phone: _____

Email: _____

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