



Scholarship Application

Educational Scholarships For Children of Maryland's Seriously Injured Workers

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

1. Name _____

2. Address _____

3. Home Phone No. (_____) _____ - _____

4. Date of Birth _____ Social Security No. _____ - _____ - _____

5. Parents' Names: Father _____

Mother _____

6. Number of family members living at home dependent upon the injured or deceased parent _____

7 Injured or deceased parent:

Name _____

Social Security No. _____ - _____ - _____ Date of Injury/Death _____

Name, address, phone number of employer _____

8. Name and address of high school applicant attended _____

9. Institution planning to attend _____

Tuition _____ Room/Board _____

10. Address of Institution _____

11. Major field of intended study _____

12. Career Objective _____

13. Other types of scholarships for financial aid you have applied for _____

14. Have you been awarded any other scholarships for financial aid? _____ If yes, (Attach Student Aid Report)
- _____
15. Other circumstances which you feel Kids' Chance of Maryland Inc. should know in reviewing your scholarship request:
- _____
- _____
16. 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.
- _____
- _____
17. Are you currently involved in a law suit? _____ If yes, please explain _____
- _____
18. 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 on hand or in banks	\$ _____
2. Stocks, bonds, notes	\$ _____
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.

Signature

Date

ADDITIONAL DOCUMENTS REQUIRED

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

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

_____	_____
_____	_____
_____	_____