



Eligibility and Application Requirements

Basic Eligibility Requirements

- Must be between the ages of 16 – 25 years old
- A dependent of a parent who was seriously, catastrophically, or fatally injured in a work-related accident
- Enrolled as a full-time student at a university, technical school, or high school
- Applicant must be a resident of New Jersey
- Must have already obtained a high school diploma at time of first disbursement

Complete Application Package Checklist

- A completed Kids' Chance of New Jersey, Inc. scholarship application
- Most current academic transcript available (unofficial transcripts are accepted)
- Copy of Student Aid Report (SAR) you received from FAFSA (If you have not received this by our application deadline, please send to us as you have completed your FAFSA)
- L & I 1 Form (First report of injury)
- Current rehab and/or medical reports from the injured parent
- Death certificate of deceased parent (if applicable)
- A short biography from the applicant along with 1 – 3 paragraphs on their educational goals and how Kids' Chance can help them achieve success
- Two letters of recommendation from non-relatives (teachers, counselors, pastor, etc.)
- A recent photograph of the applicant

PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTS

Kids' Chance of New Jersey
P.O. Box 1438
Morristown, NJ 07962
201-481-7519
www.kidschanceofnj.org

If you have any questions or need assistance completing your application, please contact:
Chrysten D. Shea, Scholarship Coordinator
cshea@kidschancenj.org

Section C: INJURED/DECEASED PARENT INFORMATION

Parents' name _____
First Last Relationship

Social Security #: _____ - _____ - _____

Nature: _____ Work related injury
_____ Death related to work injury

Date of Injury or death:

_____/_____/_____
M D YR

Name of Employer on record (When accident, illness, injury or death occurred): _____

Address

City State Zip

Employer telephone: _____ Worker's occupation/job title: _____

Workers' comp. insurance carrier: _____

Workers' Comp. Claim/File #: _____

Is **injured** parent currently employed? Yes ____ No ____

If yes, Full – time or Part – time? (Please circle one)

If yes, name of employer: _____

Telephone number: _____ Occupation/job title: _____

Supervisor/contact person: _____

Address

City State Zip

Section D: ACADEMIC INFORMATION

Name of school applicant is **currently** attending:

Type of educational institution (check one below):

- _____ College/University (four year undergraduate degree)
- _____ Junior/Community college (two year undergraduate degree)
- _____ Trade/Vocational school
- _____ High School

If attending college, please list major or area of study: _____

Current GPA: _____

Will you be attending your current school for the 2012 – 2013 academic year? Yes ____ No ____

If no, please list the school you will be attending for the 2012 – 2013 academic year: _____

If you are currently a high school senior, please list the educational institution(s) you have applied to:

School: _____ Admitted: Yes ____ No ____ Pending ____

School: _____ Admitted: Yes ____ No ____ Pending ____

School: _____ Admitted: Yes ____ No ____ Pending ____

In the **Fall of 2012**, you will be a: Freshman ____ Sophomore ____ Junior ____ Senior ____

What year do you expect to graduate with your degree? _____

Have you submitted the Free Application for Federal Student Aid (FAFSA)? Yes ____ No ____

If yes, you should have received a Student Aid Report (SAR). What amount is listed as your "Expected Family Contribution" or EFC? \$ _____

If no, do you intend on applying for financial aid? Yes ____ No ____ Estimated Annual Tuition \$ _____

Please list any scholarships or financial aid and their amounts that you expect to receive for the 2012 – 2013 academic year:

Will you be employed while attending school? Yes ____ No ____

If yes, Full – time or Part – time? (Please circle one) Place of Employment: _____

Section E: FAMILY INCOME

Family Income

Monthly Average

1. Workers' Compensation Payment: \$ _____

2. Disability Insurance Payment: \$ _____

3. Other insurance payments: \$ _____

4. IF employed, **TOTAL** income per month of **injured parent**: \$ _____

5. IF employed, **TOTAL** income per month of injured or deceased worker's **SPOUSE**: \$ _____

6. Financial assistance from any state or federal agency, such as welfare (specify):
_____ \$ _____

7. Child support payments received for any child residing in house of applicant: \$ _____

8. Any additional income from injured worker or their dependents residing in same household as applicant:
Name: _____ Income Type: _____ \$ _____
Name: _____ Income Type: _____ \$ _____

9. Any other income not listed above (litigation settlement, lottery—please specify):
_____ \$ _____

TOTAL MONTHLY FAMILY INCOME (Add lines 1– 9): \$ _____

Please explain in detail any anticipated future changes in family income:

Section G: Authorization Statement

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

Signature of Scholarship Applicant

Date

Signature of Parent/Guardian/Other Person Assisting in the Completion of Application

Date

PLEASE READ CAREFULLY:

I hereby apply for a scholarship from Kids' Chance of New Jersey, Inc. I understand that scholarships granted by Kids' Chance of New Jersey, Inc. are benevolent awards and these are made on the basis of funds available to the Kids' Chance of New Jersey, Inc. organization. I further understand that the election of the recipients of Kids' Chance of New Jersey, Inc. scholarships is a determination made solely by Kids' Chance of New Jersey, Inc. and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance of New Jersey, Inc. scholarship awards, as well as the amounts of any such awards and terms thereof, and that I am in no way legally entitled to any scholarship, award, or grant on the basis of this application. If an award or other payments is granted to me, I am in no way legally entitled to any continuation or renewal thereof. Eligibility for scholarships is limited to five academic years from the first post-high school award, not to include graduate studies. All applications are subject to review by the Scholarship Committee and Board of Directors.

I hereby consent Kids' Chance of New Jersey, 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 agree to send a copy of each term's grades to Kids' Chance of New Jersey, Inc. as soon as practical at the end of the term. 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 scholarship is awarded, I hereby grant Kids' Chance of New Jersey, Inc. to use my name and likeness/my child's name and likeness in materials used by the charity for its promotional purposes and its reporting requirements. This includes information to prospective donor groups and individuals to further the mission of Kids' Chance of New Jersey, Inc.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Please list the names of all persons who assisted the applicant in completing this application:

Where did you learn about Kids' Chance?

Internet search ____ High School Guidance Counselor ____ Referral from lawyer, case manager, etc. _____

If referred to Kids' Chance, please list your referral source and their contact information:

