



**KIDS' CHANCE SCHOLARSHIP PROGRAM
FOR
CHILDREN OF MISSOURI'S SERIOUSLY INJURED WORKERS**

Questions & Answers About The Program:

Which children are eligible for the Scholarships? To be eligible for the Scholarship the child's parent must have sustained a serious injury or a fatality in a Missouri work related accident covered by workers' compensation. The parent's injury or death must be compensable under Missouri Workers' Compensation Law, Chapter 287 RSMo.

What are the criteria for the Scholarships? The applicant must meet standards set by the Board of Directors of KID'S CHANCE Inc. of Missouri. The standards are based primarily on the financial needs of the students.

What is the length of the Scholarship? The Scholarship is good for one school year or term and may be contingent upon grades. The applicant may reapply at the end of one school year or term for the Scholarship for the following school year or term. Renewals are contingent upon availability of funds.

What does the Scholarship cover? Scholarships are applicable at any accredited vocational school or college within the United States. Scholarships are paid directly to the educational institution. Scholarships vary with the needs and educational expenses of the student. Scholarships may cover tuition, books, supplies, housing, meals and other expenses not covered by other grants and/or Scholarships.

What documentation is needed along with the completed application? The Scholarship Committee will not review your application until it has received copies of all the documents listed below:

1. School transcripts – your most recent transcripts from high school, college or vocational school, whichever applies.
2. Letters of recommendation (2 required)
3. A brief narrative of the parent's accident
4. If parent was injured, please supply the following documentation
 - a. First Report of Injury (available through your insurance company, attorney, or the Missouri Division of Workers' Compensation)
 - b. Missouri Workers' Compensation Injury Number
 - c. Current medical and rehabilitation reports
5. If parent was killed, please supply the following documentation
 - a. A copy of death certificate
 - b. Missouri Workers' Compensation Injury Number
6. Last year's tax return of parent or guardian

(Additional information may be requested to verify data received)

Deadlines for submitting completed applications and all supporting documents:

April 30	Fall & Spring Semester Scholarship
October 30	Spring Semester Scholarship

Applications and supporting information will not be accepted after those dates.

Please send to:

**KIDS' CHANCE Inc. of Missouri
Scholarship Committee
P.O. Box 410384
St. Louis, Missouri 63141
314/997-3390
www.mokidschance.org**

KIDS' CHANCE Scholarship Fund Application

Student Information

1. Name _____
2. Date of Birth _____
3. Address _____
4. City/State/Zip _____
5. Social Security Number _____ 5A. Home Phone Number _____
- 5B. E-mail _____
6. Parent's Names _____
Parent's Address _____
(if different than students')
7. Number of family members living at home dependent upon the injured or deceased parent _____
8. Injured or deceased parent
 - a. Name _____
 - b. Social Security Number _____
 - c. Date of Injury _____ Date of Birth _____
Nature and extent of injury _____
 - d. Name, address and telephone number of employer _____
 - e. Workers' Compensation insurance carrier of employer _____
 - f. Name of attorney representing injured parent _____
 - g. Missouri Workers' Compensation Injury # _____
 - h. At the present time, is there a Workers' Compensation action pending? ____ Yes ____ No
If yes, explain _____
 - i. Is injured parent currently working ____ Yes ____ No
 - j. Injured parent/substitute party: I hereby authorize KIDS' CHANCE Inc. of Missouri to obtain and review all documents in the Missouri Division of Workers' Compensation file regarding myself or deceased worker.

Signature _____
9. Is other parent employed? ____ Yes ____ No

Academic Institution Information

1. Name and address of educational institutions you are currently attending:

2. Name(s) of school(s) applied to:

3. If you have been accepted for admission, please provide us with the name of the school(s)

4. Name and address of educational institution, you plan to attend

a. What is the annual school tuition? \$_____

b. Will you be living at home while attending school? ____ Yes ____ No

If no, what is the annual room and board at school? \$_____

5. Major field of intended study: _____

6. Career objective _____

7. Extra Curricular/school activities _____

Other Scholarship/Grant Information

1. Other types of scholarships or financial aid you have applied for

2. Will you be receiving any other scholarship or financial aid including student loans and grants?

If so, identify and state the amount for each _____

3. Other circumstances which you feel the KIDS' CHANCE Committee should know in reviewing the scholarship request?

**Financial Information of Family
Of Applicant Residing in Same Household**

Item 1: Family Income

Average on a Monthly Basis

- | | |
|--|----------|
| 1. Workers' Compensation Payment | \$ _____ |
| 2. Disability Insurance | \$ _____ |
| 3. Other Insurance Payments | \$ _____ |
| 4. Income of spouse of injured or deceased employee | \$ _____ |
| 5. Additional income of other dependents of injured or deceased employee residing in the same household with applicant.
Please itemize. | \$ _____ |
| a. _____ | \$ _____ |
| b. _____ | \$ _____ |
| c. _____ | \$ _____ |
| 6. Financial assistance from any state or federal agency such as welfare. | \$ _____ |
| 7. Child support payments received on behalf of children residing in the same household with applicant. | \$ _____ |
| Total Monthly Income | \$ _____ |

Item 2: Expenses of Family

Averaged on a Monthly Basis

- | | |
|---|----------|
| 1. Rent | \$ _____ |
| 2. Food | \$ _____ |
| 3. Clothing | \$ _____ |
| 4. Incidentals | \$ _____ |
| 5. Medical & Dental bills (not covered by workers' compensation) | \$ _____ |
| 6. Car Payments | \$ _____ |
| 7. Maintenance for car, including gas and oil | \$ _____ |
| 8. Recreation | \$ _____ |
| 9. Health Insurance Payments | \$ _____ |
| 10. Insurance for cars and house | \$ _____ |
| 11. Taxes – property | \$ _____ |
| 12. Electricity | \$ _____ |
| 13. Gas (for heating) | \$ _____ |
| 14. Telephone | \$ _____ |
| 15. Water | \$ _____ |
| 16. Child support payments made to children not residing in applicants' household | \$ _____ |
| 17. Payments on other bills | \$ _____ |
| Total Monthly Expenses | \$ _____ |

Item 3: 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 Assets	\$ _____

Item 4: Total Liabilities of Family

1. Credit Union	\$ _____
2. Real Estate Mortgage	\$ _____
3. Automobile loans	\$ _____
4. Other notes or loans	
_____	\$ _____
_____	\$ _____
_____	\$ _____
5. Other Bills	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Liabilities	\$ _____

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

Signature of applicant _____

Date application is completed _____

Return this completed application to the address listed below

Refer to Page 1 for additional required documents that are to be sent with the application and the deadline dates.

**KIDS' CHANCE Inc. of Missouri
Scholarship Committee
P.O. Box 410384
St. Louis, MO 63141
314/997-3390**