



## Scholarship Application

**New Applicants**

**Please submit all materials electronically**

Kids' Chance of Missouri  
314-997-3390  
314-432-5894 (Fax)  
susgroup@gmail.com

**Who is eligible?** Children with a parent killed or seriously injured in a work-related accident that is compensable under the Missouri Workers' Compensation Law.

**What is the length of the scholarship?** One school year. Students must reapply each year. Scholarship awards are contingent on availability of funds.

**What can the scholarship money be used for?** Tuition, books, supplies, housing, meals and other education-related expenses not covered by other grants or scholarships.

**What educational institutions qualify?** Any accredited, post-high school educational institution, e.g, university, college, trade school, community college, graduate school.

Deadlines for submitting completed applications and supporting documents:  
May 15 Fall & Spring semesters  
October 30 Spring semester

Applications and supporting information should be sent electronically.

**All questions must be answered**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

### I. STUDENT APPLICANT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Present Address \_\_\_\_\_  
Street Apt. #

City State Zip

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**II. FAMILY INFORMATION**

Father's name: \_\_\_\_\_  
First Middle Last

Mother's name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Apt. #  
City State Zip

Parent's telephone: \_\_\_\_\_ Parent's cell phone: \_\_\_\_\_

How many siblings may also qualify for a scholarship in the future? \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

**III. INJURED/DECEASED PARENT INFORMATION**

Parent's name: \_\_\_\_\_  
First Middle Last Social Security Number

Date of work injury/illness: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of birth of injured or deceased parent & social security number: \_\_\_\_/\_\_\_\_/\_\_\_\_ and SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Briefly describe the accident, subsequent treatment and current condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did the injured parent earn before the accident/disease? \_\_\_\_\_

Injured parent's occupation/job title before the accident? \_\_\_\_\_ After \_\_\_\_\_

Missouri Workers' Compensation Injury Number: (e.g., 15-109560) \_\_\_\_\_

Status of Missouri workers' compensation claim (e.g., pending, settled, on appeal): \_\_\_\_\_

Did the injured parent return to work? \_\_\_\_ yes \_\_\_\_ no When? \_\_\_\_\_ What does s/he now earn? \_\_\_\_\_

Name & phone number of any attorneys involved in handling the injured parent's case:  
\_\_\_\_\_

**IV. ACADEMIC INFORMATION (CONTINUED)**

Where will you attend for the upcoming semester?

Name of School \_\_\_\_\_ Street Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

How far along in school are you? \_\_\_\_\_

Intended/current major: \_\_\_\_\_

Your career objectives: \_\_\_\_\_

If a high school senior, where have you applied for next year?

Name: \_\_\_\_\_ admitted \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ pending

Name: \_\_\_\_\_ admitted \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ pending

Name: \_\_\_\_\_ admitted \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ pending

Name of school you wish to attend: \_\_\_\_\_

Anticipated start date: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Annual Tuition \$ \_\_\_\_\_ What scholarships or grants will you receive? \_\_\_\_\_

Will you: \_\_\_\_\_ Commute from home \_\_\_\_\_ Live on campus \_\_\_\_\_ Live off-campus

If on-campus: Annual Room \$ \_\_\_\_\_ Annual Meal Plan (Board) \$ \_\_\_\_\_

If you will be living off-campus, and you will NOT be living at home with your parent(s), list your monthly rent: \$ \_\_\_\_\_

**V. ATTESTATION/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.
- I hereby apply for a scholarship through Kids' Chance of Missouri.
- I hereby give consent to Kids' Chance of Missouri, its agents and employees, to verify the information in this application and attachments by contacting any individual, government, educational institution, or other entity. I understand that any intentionally false or misleading information I have submitted with this application will result in immediate rejection, cancellation of award and/or return of expended funds.
- If I am awarded funds, I agree to: (1) provide Kids' Chance of Missouri with a photo and written authorization to use it on its website and in publications; (2) attend special events when feasible; and (3) send annual updates on my academic and extracurricular progress.
- I understand and acknowledge that Kids' Chance scholarships are benevolent awards based on funds available to Kids' Chance. Selection of recipients and amounts awarded are within their sole discretion. I am not legally entitled to any scholarship based on this application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian (if applicant is under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_

## VI. DOCUMENT CHECKLIST

Please submit electronically

### REQUIRED (Please submit with your application)

- \_\_\_\_\_ A completed Kids' Chance of Missouri scholarship application
- \_\_\_\_\_ School transcript
- \_\_\_\_\_ If currently attending a college, trade or vocational school, the most recent transcript
- \_\_\_\_\_ Copy of Financial Aid Award Letter for the coming academic year from the educational institution you plan to attend.  
**PLEASE NOTE:** If your Financial Aid Award Letter is in process and cannot be submitted with your application, you must **FAX** a copy of this letter or, if the letter is still not available, **CONTACT** the Kids' Chance of Missouri office. **WE MUST HAVE THE FINANCIAL AID AWARD LETTER TO PROCESS YOUR APPLICATION.**
- \_\_\_\_\_ Copy of your Student Account Statement (your student bill) for the coming academic year from your institution's Bursar's Office/Business Office. This statement will likely be mailed to you by your institution by early July. Please email or fax the statement to the Kids Chance office at the address shown below. **WE MUST HAVE YOUR STUDENT ACCOUNT STATEMENT TO PROCESS YOUR APPLICATION.**
- \_\_\_\_\_ Proof that parent has sustained a serious injury/illness resulting from work-related accident; for example, a copy of a court order, a settlement agreement, or a statement from the workers' compensation insurance carrier. Note: A doctor's statement or Social Security Administration statement is not sufficient.
- \_\_\_\_\_ Death certificate of deceased parent, if applicable.
- \_\_\_\_\_ 2 Tax returns for injured parent's household: (1) the year before the disability (2) most current tax return

Kids' Chance of Missouri scholarships will be paid directly to the educational institution and are credited after all scholarships and grants.

**PLEASE SUBMIT COMPLETED APPLICATION AND ATTACHMENTS ELECTRONICALLY TO:**

Kids' Chance of Missouri

E-mail: [susgroup@gmail.com](mailto:susgroup@gmail.com)

[www.mokidschance.org](http://www.mokidschance.org)

**If you have application questions or concerns, please call Kids' Chance of Missouri at 314-997-3390 or email [susgroup@gmail.com](mailto:susgroup@gmail.com).**