

IV. INJURED/DECEASED PARENT INFORMATION

Parent's Name: _____
First Middle Last Relationship

Date of work injury/death / /
M D Y

Nature: _____ Work related illness/injury (describe): _____
 _____ Death related to work illness/injury

Name of Employer (when accident, illness, injury or death occurred) _____

_____ Street P.O. Box

_____ City State Zip

Industrial Commission Claim No.: _____ Social Security No.: _____

At this time, is there a workers' compensation action pending? Yes No

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.

Signature of Scholarship Applicant

Date

Signature of Parent/Guardian/Other Person Assisting in the Completion of Application
(If applicable)

Date

VI. ADDITIONAL DOCUMENTS REQUIRED

Please submit the following:

- _____ A completed Kids' Chance Scholarship Application.
- _____ Most recent transcript.
- _____ Proof that parent has sustained a catastrophic injury/illness resulting from a work-related accident; for example, a copy of a court order, an accident report, a statement from the insurance company, or attorney.
- _____ 1-3 paragraphs noting the specific work-related accident and why this scholarship would help you attain your educational goals.
- _____ A copy of your 2021-2022 SAR (Student Aid Report). You should have received your SAR from the Federal government after you submitted your Free Application for Federal Student Aid (FAFSA).
- _____ Letters of Recommendation (optional)

The amount of each Kids' Chance Scholarship is decided by the KIDS' CHANCE OF IDAHO organization and will be paid directly to your educational institution. Although awards are applicable at any accredited post-secondary educational institution in the United States, no scholarship will exceed the annual cost of tuition and books at the most expensive public post-secondary educational institution in Idaho.

PLEASE SUBMIT COMPLETED APPLICATION AND ATTACHMENTS NO LATER THAN April 15th, 2022 TO:

KIDS' CHANCE OF IDAHO
Application Coordinator
1703 W. Hill Rd.
Boise, ID 83702
Email: info@kidschanceofidaho.org

If you have application questions or concerns, please email Kids' Chance of Idaho at info@kidschanceofidaho.org.

PLEASE READ CAREFULLY

I hereby apply for a scholarship KIDS' CHANCE OF IDAHO. I hereby give consent to KIDS' CHANCE OF IDAHO to verify contents of this application and attachments.

I hereby give consent to KIDS' CHANCE OF IDAHO, its agents, employees, or designees to contact and verify my information contained in this application and attachments by contact with any individual, governments, 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 IDAHO with a signed letter of authorization and a photo, if available, for use on the website and in publications, to attend special events when feasible, and at the end of each school year to send, fax or e-mail, updates with information to academic/extracurricular progress and successes to Kids' Chance.

I understand that scholarships granted by KIDS' CHANCE OF IDAHO are benevolent awards and these are made on the basis of funds available to the KIDS' CHANCE OF IDAHO organization. I further understand that the selection of the recipients of KIDS' CHANCE OF IDAHO scholarships is a determination made solely by the KIDS' CHANCE OF IDAHO organization 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 Applicant

Date

Signature of Parent/Guardian (if applicant is under the age of 18)

Date