

## KIDS' CHANCE OF IDAHO SCHOLARSHIP APPLICATION 2021-2022

PLEASE PRINT ALL INFOR	MATION REQUESTED			
If you were awarded	l a Kids' Chance So	cholarship in the pas	t, what were the amour	nts of the Awards?
			/ear	
Where did you learn	about Kids' Chan	ce\$		
Due April 15, 2022.	Response to your	application will be r	provided no later than J	une 30, 2022
2007 pm 10, 2022.	Responde to your	application will be p	ordina in taler man	0110 007 2022.
	I. ST	UDENT APPLICANT	INFORMATION	
Name				
Name:		Middle	Last	
Present Address:	<u> </u>		<b>.</b>	
	Street		Apt. #	
City		State		Zip
			Email:	
Age:	Date of Birth_	/		
		II. ACADEMIC INFO	RMATION	
Name and address	of High School or (	College/University/T	rade School applicant is	s currently attending:
Street Address		City, State,		
on cer / taaress		City, Glaic,	p	
Applicant's GPA		1 1 2 2		
Applicant's extracur	ricular community/:	school activities:		
Intended/Current Mo	aior:			
mioridoa, corrom m				_
Educational institution	on(s) applicant has	applied to (add sep	arate sheet if necessary	:
X.I.				. 🗆 5 1:
Name:			Admitted: Tyes Th	•
Name:		P	Admitted: 🗆 Yes 🔲	No LI Pending
		III. FAMILY INFOR/	MATION	
Father's Name:	First	Middle	Last	
Mother's Name:		Middle	Lasi	
	First	Middle	Last	
Parent's Address (if a	d:ffarant franc alaa.	).		
rarem s Address (ii d	amerem from abov	Street		Apt. #
City		State	Zip	
•	,		·	
Parents' phone: (	) is is for your Early	Parent's Email:		
trieuse indicate it thi	is is for your rather	r or your Mother	J	



## IV. INJURED/DECEASED PARENT INFORMATION

Parent's Name:								
First	Middle	Last	Relationship					
Date of work injury/death / / /	· <sub>Y</sub>							
Nature:Work related illness/injury (describe):  Death related to work illness/injury								
Street		P.O. Box						
City	State Zip							
Industrial Commission Claim No.:	Socio	al Security No <u>.:</u>						
At this time, is there a workers' compensor	ation action pending?	□ Yes □ No						
	TION/AUTHORIZATION							
I certify that all of the information provide knowledge and belief.	a in this application is t	rue and correct to th	e best of my					
Ç								
Signature of Scholarship Applicant		Dc	tte					
Signature of Parent/Guardian/Other Person Assistin (If applicable)	ng in the Completion ot Applic	cation Do	ıte					
VI. ADDI	TIONAL DOCUMENTS	REQUIRED						
Please submit the following:								
A completed Kids' Chance Scho	larship Application.							
Most recent transcript.								
Proof that parent has sustained a								
for example, a copy of a court or	der, an accident report	, a statement from th	ne insurance company,					
or attorney.	<b>.</b>							
1-3 paragraphs noting the specific work-related accident and why this scholarship would help you								
attain your educational goalsA 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	