



Kids' Chance of Idaho Scholarship Application 2026

Kids' Chance of Idaho is a 501(c)(3) non-profit organization that provides scholarships for children of workers that have been killed or seriously injured in a compensable work-related accident or occupational disease. Scholarships are awarded once a year and students may apply every year for which they are eligible.

Student Eligibility

- Between 16-25 years old at the time of the application.
- Idaho resident.
- Has a parent who sustained a serious work-related injury or fatality for which the parent was entitled to receive benefits under Idaho's Workers' Compensation Law.
- Demonstrated financial need to pay for post-secondary education.
- Accepted or already enrolled at a university, college, or technical school.
- Pursuing a degree as a full-time student.
- Completion of the FAFSA – the Free Application for Federal Student Aid – for students attending a 2-year or 4-year college or university.

Documentation Required

- Completed Kids' Chance Scholarship Application with student, family, and university/college/technical school contact information
- Transcript of most recent grades – unofficial transcript is acceptable
- Copy of the Student Aid Report (SAR) you received from completing the FAFSA, with your Student Aid Index (SAI), formerly called the Expected Family Contribution (EFC), IF you are attending a 2-year or 4-year college or university
- Brief description of the applicant's education and career goals
- Proof of a compensable injury/occupational disease or death claim such as letter from the insurance company or claim number from the Idaho Industrial Commission.
- Parents' basic employer information

Deadline: April 15, 2026

Applications must be postmarked by April 15, 2026.

Questions:

Please contact us before the deadline via email at info@kidschanceofidaho.org.

Process

- ❑ Please complete the application to the best of your ability. You may need assistance to gather the necessary information.
- ❑ After initial review, the scholarship committee may contact eligible students to verify information or secure missing information. Please respond to our inquiries.
- ❑ The scholarship committee will determine the strength of each application and approve scholarships as funds allow.
- ❑ Kids' Chance of Idaho will notify approved students of their award amount by June 1, 2026, verify enrollment, and upon completion of the process, will send payment directly to the post-secondary institution.
- ❑ Kids' Chance scholarships may be used for used for tuition, fees, housing, books, and required supplies. Proceeds will be paid directly to the educational institution.

Previous recipient? Please use our expedited short application to verify eligibility and enrollment in school.

A. New Application Contact Information

Name: First, Middle, Last _____

Address: _____ City, State, Zip _____

Best phone number to reach you: _____ mobile work home

2nd phone, if available: _____ mobile work home

Best email to reach you: _____

Alternate email if any: _____

Age: _____ Date of Birth: / / Last 4 digits of SS#: _____

B. Parent/Household Information

Parent/Guardian 1: First, Middle, Last _____

Address (if different): _____ City, State, Zip _____

Primary phone number: _____ mobile work home

Parent/Guardian 2: First, Middle, Last _____

Address (if different): _____ City, State, Zip _____

Primary phone number: _____ mobile work home

Is the **UN-injured/surviving** parent employed?

No, not employed Yes, currently employed as follows: Full-time Part-time

Please indicate the status of the **UN-injured/surviving** parent's salary compared to what it was at the time of the injury:

Higher salary now About the same Lower salary now

How many other people in your immediate family will be enrolled in a college, technical school or university at the same time as you, **not** including yourself? _____

B. Injured/Deceased Claim Information

Name of parent with the compensable claim of fatality or injury:

First, Middle, Last: _____ Relationship to you: _____

Nature of claim: Work-related injury or illness Work-related death

Date of injury or death: ____________

Employer's name at time of incident: _____

Worker's Compensation Claim Number: _____
(Or attach a letter from the insurance company)

Brief description of the accident or incident resulting in injury or death:

If case of injury/occupational disease is the injured parent **currently** employed?

No, not currently employed

Yes, currently employed as follows: Full-time Part-time

Current Employer: _____

Please indicate the status of this parent's salary compared to what it was at the time of the injury:

Higher salary now About the same Lower salary now

D. Education Information

Current High School Students Only:

Name of high school: _____ City, State, Zip: _____

High school *cumulative* GPA: _____

College, Technical School or University Enrollment Section:

Name of institution you plan to attend with this scholarship: _____

Have you been accepted? Yes No

Institution's mailing address: _____

City, State, Zip: _____ Institution's main phone number: _____

Name of institution you currently attend if different than above: _____

Current Cumulative GPA: _____ Current Cumulative Credits Earned: _____

Plan to Live: Campus Housing Off-Campus Housing (not at home) Live w/Parent(s)

Intended major, career interests, goals:

Type of institution you will attend.

- College/University (4-5 years)
- Junior/Community College (2-3 years)
- Trade/Tech/Vocational (1 – 3 years)
- Other? Please indicate

COA - Official Annual Cost of Attendance at your college or university, as indicated on your college financial aid award letter or Student Aid Report (SAR) from the FAFSA:

\$ _____

SAI - Official Student Aid Index (SAI) as indicated on your Student Aid Report from the FAFSA:

\$ _____

If you are attending a trade or vocational program that does not participate in federal financial aid programs, please indicate the cost as follows:

Indicate cost per credit, course or whole program: \$_____ Circle: Credit/Course/Program

Length of Trade/Tech/Voc Program in months? _____/months

If you are considering another college, please include that information here – if NOT, THEN SKIP to question below.

Name of another institution you may attend: _____

Have you been accepted? Yes No

Please share any unusual circumstances of which you would like us to be aware of and/or any financial changes since completing the FAFSA. Include attachments, if necessary.

★ Where did you hear about this scholarship?

- High School Counselor/Advisor
- College Official/Advisor
- Parent or family member
- Attorney
- Claims examiner
- Online search
- Idaho Industrial Commission
- Other, please indicate: _____

By signing below, you agree that this information is truthful to the best of your knowledge and that the scholarship committee may follow up with you or other parties to verify the accuracy.

Signature: _____ **Date:** _____

Thank you for your application! Final scholarship decisions will be made by June 1, 2026.