



## **Eligibility and Application Requirements**

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### **Basic Eligibility Requirements**

- Must be between the ages of 16 – 25 years old
- A dependent of a parent who was seriously, catastrophically, or fatally injured in a work-related accident
- Enrolled as a full-time student at a university, technical school, or high school
- Applicant must be a resident of New Jersey
- Must have already obtained a high school diploma at time of first disbursement

### **Complete Application Package Checklist**

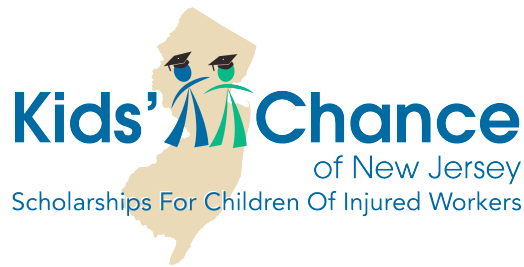
- A completed Kids' Chance of New Jersey, Inc. scholarship application
- Most current academic transcript available (unofficial transcripts are accepted)
- Copy of Student Aid Report (SAR) you received from FAFSA (If you have not received this by our application deadline, please send to us as you have completed your FAFSA)
- L & I 1 Form (First report of injury) or Other Documentation Workers' Comp Claim
- Current rehab and/or medical reports from the injured parent
- Death certificate of deceased parent (if applicable)
- A short biography from the applicant along with 1 – 3 paragraphs on their educational goals and how Kids' Chance can help them achieve success.**
- Two letters of recommendation from non-relatives (teachers, counselors, pastor, etc.)
- A recent photograph of the applicant

### **PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTS**

Kids' Chance of New Jersey  
P.O. Box 166  
Matawan, NJ 07747  
[www.kidschanceofnj.org](http://www.kidschanceofnj.org)

If you have any questions or need assistance completing your application, please contact:

Sherry L. DePinto, Scholarship Coordinator  
201-481-7519  
[sdepinto@kidschancenj.org](mailto:sdepinto@kidschancenj.org)



## 2015 – 2016 Scholarship Application

Application Type (please check one):    **NEW**     **RETURNING STUDENT**

Please mail your completed application along with supporting documents to Kids' Chance in a **9 ½ x12 or larger envelope**. Please do NOT fold or staple the application and supporting documents together. Kids' Chance does not accept applications by fax for email. Although there is no official deadline for submission, the committee recommends 2 months prior to semester in which applying for scholarship.

### Section A: STUDENT APPLICANT INFORMATION

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

Present Address: \_\_\_\_\_  
Address

\_\_\_\_\_

City                      State                      Zip                      County

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
M                      D                      YR

### Section B: FAMILY INFORMATION

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Parents' Address (If different than above): \_\_\_\_\_

\_\_\_\_\_

City                      State                      Zip

Parents' telephone: \_\_\_\_\_ How many residing in Household: \_\_\_\_\_ Less than 18 years old: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Is **uninjured/surviving** parent employed? Yes \_\_\_\_\_ No \_\_\_\_\_                      If yes, Full – time or Part – time? (Please circle one)

If yes, name of employer: \_\_\_\_\_ Telephone number: \_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

City                      State                      Zip

## Section C: INJURED/DECEASED PARENT INFORMATION

Parents' name \_\_\_\_\_  
First Last Relationship

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Nature: \_\_\_\_\_ Work related injury  
\_\_\_\_\_ Death related to work injury

Date of Injury or death:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D YR

Name of Employer on record (When accident, illness, injury or death occurred): \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Employer telephone: \_\_\_\_\_ Worker's occupation/job title: \_\_\_\_\_

Workers' comp. insurance carrier: \_\_\_\_\_

Workers' Comp. Claim/File #: \_\_\_\_\_

Is **injured** parent currently employed? Yes \_\_\_\_ No \_\_\_\_

If yes, Full – time or Part – time? (Please circle one)

If yes, name of employer: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Occupation/job title: \_\_\_\_\_

Supervisor/contact person: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

**Brief Description of the Accident and Injury:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section D: ACADEMIC INFORMATION

Name of school applicant is **currently** attending:

\_\_\_\_\_

Type of educational institution (check one below):

- College/University (four year undergraduate degree)  
 Junior/Community college (two year undergraduate degree)  
 Trade/Vocational school  
 High School

If attending college, please list major or area of study: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Will you be attending your current school for the 2015 – 2016 academic year? Yes \_\_\_ No \_\_\_

If no, please list the school you will be attending for the 2015– 2016 academic year: \_\_\_\_\_

If you are currently a high school senior, please list the educational institution(s) you have applied to:

School: \_\_\_\_\_ Admitted: Yes \_\_\_ No \_\_\_ Pending \_\_\_

School: \_\_\_\_\_ Admitted: Yes \_\_\_ No \_\_\_ Pending \_\_\_

School: \_\_\_\_\_ Admitted: Yes \_\_\_ No \_\_\_ Pending \_\_\_

In the **Fall of 2015**, you will be a: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

What year do you expect to graduate with your degree? \_\_\_\_\_

Have you submitted the Free Application for Federal Student Aid (FAFSA)? Yes \_\_\_ No \_\_\_

If yes, you should have received a Student Aid Report (SAR). What amount is listed as your "Expected Family Contribution" or EFC? \$ \_\_\_\_\_

If no, do you intend on applying for financial aid? Yes \_\_\_ No \_\_\_ Estimated Annual Tuition \$ \_\_\_\_\_

Please list any scholarships or financial aid and their amounts that you expect to receive for the 2015 – 2016 academic year:

\_\_\_\_\_  
\_\_\_\_\_

Will you be employed while attending school? Yes \_\_\_ No \_\_\_

If yes, Full – time or Part – time? (Please circle one) Place of Employment: \_\_\_\_\_

**Section E: FAMILY INCOME**

**Family Income**

**Monthly Average**

1. Workers' Compensation Payment: \$ \_\_\_\_\_

2. Disability Insurance Payment: \$ \_\_\_\_\_

3. Other insurance payments: \$ \_\_\_\_\_

4. IF employed, **TOTAL** income per month of **injured parent**: \$ \_\_\_\_\_

5. IF employed, **TOTAL** income per month of injured or deceased worker's **SPOUSE**: \$ \_\_\_\_\_

6. Financial assistance from any state or federal agency, such as welfare (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

7. Child support payments received for any child residing in house of applicant: \$ \_\_\_\_\_

8. Any additional income from injured worker or their dependents residing in same household as applicant:  
Name: \_\_\_\_\_ Income Type: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Income Type: \_\_\_\_\_ \$ \_\_\_\_\_

9. Any other income not listed above (litigation settlement, lottery—please specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY FAMILY INCOME** (Add lines 1– 9): \$ \_\_\_\_\_

Please explain in detail any anticipated future changes in family income:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Section G: 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

\_\_\_\_\_  
Date

### PLEASE READ CAREFULLY:

I hereby apply for a scholarship from Kids' Chance of New Jersey, Inc. I understand that scholarships granted by Kids' Chance of New Jersey, Inc. are benevolent awards and these are made on the basis of funds available to the Kids' Chance of New Jersey, Inc. organization. I further understand that the election of the recipients of Kids' Chance of New Jersey, Inc. scholarships is a determination made solely by Kids' Chance of New Jersey, Inc. and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance of New Jersey, Inc. scholarship awards, as well as the amounts of any such awards and terms thereof, and that I am in no way legally entitled to any scholarship, award, or grant on the basis of this application. If an award or other payments is granted to me, I am in no way legally entitled to any continuation or renewal thereof. Eligibility for scholarships is limited to five academic years from the first post-high school award, not to include graduate studies. All applications are subject to review by the Scholarship Committee and Board of Directors.

I hereby consent Kids' Chance of New Jersey, Inc., its agents, employees or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution or other entity. I agree to send a copy of each term's grades to Kids' Chance of New Jersey, Inc. as soon as practical at the end of the term. 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 scholarship is awarded, I hereby grant Kids' Chance of New Jersey, Inc. to use my name and likeness/my child's name and likeness in materials used by the charity for its promotional purposes and its reporting requirements. This includes information to prospective donor groups and individuals to further the mission of Kids' Chance of New Jersey, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please list the names of all persons who assisted the applicant in completing this application:

\_\_\_\_\_  
\_\_\_\_\_

### Where did you learn about Kids' Chance?

Internet search \_\_\_\_\_ High School Guidance Counselor \_\_\_\_\_ Referral from lawyer, case manager, etc. \_\_\_\_\_

If referred to Kids' Chance, please list your referral source and their contact information:

\_\_\_\_\_  
\_\_\_\_\_