



## **Eligibility and Application Requirements**

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### **Basic Eligibility Requirements**

- A dependent of a parent who was seriously, catastrophically, or fatally injured in a work-related accident
- The injured parent must have a New Jersey State accepted workers' compensation claim
- Must be between the ages of 18 – 26 years old
- Attending full-time or part-time at an Undergraduate or Vocational school
- Must have already obtained a high school diploma or GED at time of first disbursement
- Must maintain a minimum of 2.0 GPA
- Should be of good moral character

### **Complete Application Package Checklist**

ALL the following documentation **MUST** accompany the application before consideration

- 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 once you have completed your FAFSA)
- Documentation proving Injured parent has an accepted workers' compensation claim (eg.. WC letter, copies WC checks, etc.)
- Current medical reports from the injured parent if claim has not been adjudicated
- Death certificate of deceased parent (if applicable).
- A short biographical essay (2-3 paragraphs include school attending, major & educational goals, other info you wish to share about yourself, brief description of parent's accident and its impact on you and family emotionally/financially, and how would a KCNJ scholarship help you achieve your educational goals). Also, have available as a WORD DOCUMENT upon request.
- Two letters of recommendation from non-relatives (teachers, counselors, pastor, etc.)
- Include a picture of applicant as well as Email a clear digital headshot of the applicant (to the scholarship coordinator)

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

Kids' Chance of New Jersey, Inc.  
P.O. Box 166, Matawan, NJ 07747

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

**Sherry DePinto**, Scholarship Coordinator  
[sherrylee36@aol.com](mailto:sherrylee36@aol.com) (201) 481-7519



**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: \_\_\_\_\_

\_\_\_\_\_  
Street 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 2017 – 2018 academic year? Yes \_\_\_\_ No \_\_\_\_

If no, please list the school you will be attending for the 2017– 2018 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 2017**, 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 2017 – 2018 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 resides completely in the discretion of the Kids Chance Board of Directors as to who shall receive Kids' Chance of New Jersey, Inc. scholarship awards, as well as the amounts of any such awards and terms thereof. I understand 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 nor am I guaranteed the same award amount each year. 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 without schedule or limitation.

I hereby consent Kids' Chance of New Jersey, Inc., its agents, employees or designees to contact and verify any information contained in this application with any individual, government, educational institution or other entity. This consent is without limitation as to quality, nature, or duration, and includes an implicit waiver of any privacy rights I may enjoy under HIPAA or any other State or Federal law or regulation, and includes the dissemination of this information within a Committee of the Kids' Chance Board of Directors. I understand that I must maintain a minimum of a 2.0 GPA to stay eligible. Furthermore, I understand that half of the total award amount will be distributed towards the Fall Semester and half towards the Spring Semester only after an official and detailed school invoice including all costs and financial aid has been submitted to Kids' Chance of New Jersey, Inc. It is the sole responsibility of the applicant to provide each semester's bill in a timely manner as to allow time for processing. Applicant acknowledges that KCNJ is not responsible for any late fees or other consequences imposed by the school for any monies received after registration payment deadlines. Awards will be mailed directly to the Educational Institution. 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 a scholarship is awarded, I hereby grant Kids' Chance of New Jersey, Inc. permission 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 including but not limited to company brochures, website, fundraising events, videos etc. Furthermore, I agree to participate in a promotional video which may be posted on KCNJ website and shown at various events. This includes information to prospective donor groups and individuals to further the mission of Kids' Chance of New Jersey, Inc. I further understand that my failure or refusal to reasonably cooperate in Kids' Chance mission of publicizing the availability of these scholarships by providing publicity materials may jeopardize my eligibility for scholarships, and agree to provide photographs or written materials to help in the promotion of Kids' Chance mission.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If under 18 years old)

\_\_\_\_\_  
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:

\_\_\_\_\_