

Section C: INJURED/DECEASED PARENT INFORMATION

1. Information about the Injured/ Deceased Parent

Name _____

Has/will the injured worker return to work? Yes ___ No ___

If yes, when _____

2. Information about the work-related accident/occupational illness

Work related injury/illness _____, or death related to work accident _____

Date of injury or death ____ / ____ / ____

Name and Address of employer where illness/accident occurred _____
Name

_____ Address

_____ City State Zip

Please describe the injury or illness

Please provide any specific information about the workers compensation claim such as the name of the insurance company (e.g., New York State Fund), the New York Workers Compensation Board Claim Number, contact information for a case manager, etc.

Section D: ACADEMIC INFORMATION

Name and address of High School attending or attended _____
Name

_____ Address

Please identify all extra curricular community and school activities

Name and address of college attending or plan to attend _____
Name

_____ Address

Annual Tuition _____

Type of educational institution (check one below):

_____ College/University (four year undergraduate degree)

_____ Junior/Community College (two year undergraduate degree)

_____ Trade/Vocational School

_____ Graduate School

_____ Other, specify _____

If accepted by this institution, date you plan to start classes _____

If not accepted by this institution, please list other schools applied to:

School: _____ Admitted: Yes: _____ No: _____ Pending: _____

School: _____ Admitted: Yes: _____ No: _____ Pending: _____

School: _____ Admitted: Yes: _____ No: _____ Pending: _____

If currently attending college, please list major or area of study: _____

Current GPA: _____

Will you be working while attending school? Yes: _____ No: _____

If Yes, On-campus Off-campus

Expected hours worked per week _____ Expected income during academic year _____

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

If no, when do you plan on submitting the application? _____

Have you been awarded any other scholarship or financial aid? Yes No

If yes, please identify the source that has awarded the scholarship/financial aid and specify the amount awarded.

Source Name: _____ Amount Awarded: _____

Source Name: _____ Amount Awarded: _____

Source Name: _____ Amount Awarded: _____

Please list all other forms of scholarships and/or financial aid for which you have applied.

Source Name: _____ Request Denied Awaiting Response

Source Name: _____ Request Denied Awaiting Response

Source Name: _____ Request Denied Awaiting Response

If no, do you intend on applying for financial aid? Yes No

If known, financial aid officer's name and contact information at your educational institution:

Section E: AUTHORIZATION/ATTESTATION STATEMENT

PLEASE READ CAREFULLY

I hereby apply for a scholarship from Kids' Chance of New York. I understand that scholarships granted by Kids' Chance of New York, Inc. are benevolent awards and these are made on the basis of funds available to the Kids' Chance of New York. I further understand that the selection of the recipients of Kids' Chance of New York, Inc. scholarships is a determination made solely by Kids' Chance of New York and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance of New York 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 agree to allow the school to send a copy of each semester's grades to Kids Chance of New York. It is fully understood that compliance in this matter is necessary for funds to be paid on a regular basis.

I hereby consent Kids' Chance of New York, 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 understand that additional information may be requested. 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.

Scholarships will be paid directly to the institution consistent with the institution's instructions and protocol.

It is the policy of Kid's Chance to safeguard personal, health, employment and financial information. Kid's Chance does not sell contact information with outside organizations or agencies. However, if a scholarship is awarded, I hereby grant Kids' Chance of New York 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 provided to current and prospective donor groups and individuals to further the mission of Kids' Chance of New York.

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 Applicant

Date

Signature of Parent/Guardian

Date

Section F: APPLICATION INSTRUCTIONS

I. BASIC ELIGIBILITY REQUIREMENTS

- Applicant must be between the ages of 16 - 25 years old
- Applicant must be the child or legal dependent of a seriously or fatally injured worker in a compensable work-related accident or occupational disease with a New York employer.
- Applicant must be enrolled, accepted or applying for acceptance as a full-time or part-time student at a university, college or technical school

II. APPLICATION CHECKLIST

- Completed Kids' Chance of New York scholarship application
- Current academic transcript of most recent grades
- Copy of Student Aid Report (SAR) received from FAFSA
- Copy of Form C-3 filed with the New York Workers Compensation Board (WCB) or Form C- 62 if a death claim.
- Provide any other documentation from WCB or service providers detailing the extent of the injury
- Student Account Statement from the university, college, technical school Applicant plans to attend
- Financial aid letter from the school the Applicant will be attending
- Brief essay limited to one page) on how this scholarship will help attain your educational goals
- Letter(s) of recommendation (optional)
- Picture of applicant and a student bio

Please submit application and supporting documents to:

Kids' Chance of New York
c/o Gary Osborne
Sound Actuarial Consulting, LLC
403 East Main Street
Port Jefferson, NY 11777