



Eligibility and Application Requirements

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 (201) 481-7519



2019 – 2020 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.

Application and all supporting documentation must be received no later than **Friday, May 17, 2019**.

If applying for the Spring Semester the deadline is **Friday, November 22, 2019**.

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: _____

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 2019 – 2020 academic year? Yes ____ No ____

If no, please list the school you will be attending for the 2019– 2020 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 2019**, 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 2019 – 2020 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:
