



KIDS' CHANCE OF NEW JERSEY, INC. 2020-2021 STUDENT SCHOLARSHIP UPDATE FORM

Please Print All Information Requested Except Signature

If you were awarded a Kids' Chance Scholarship in past years, what was the total amount awarded for the Academic school year (not necessarily received) per academic school year (i.e. Fall Semester & Spring Semester)?

2016-2017 \$ _____ 2017-2018 \$ _____ 2018-2019 \$ _____ 2019-2020 \$ _____

This completed form MUST be received by Kids' Chance of New Jersey **no later than Friday, May 15, 2020**. This form may be emailed to Scholarship Coordinator, Sherry DePinto at scholarships@kidschancenj.org OR mailed to Kids' Chance of NJ, P.O. Box 166, Matawan, NJ 07747. You may email or call Ms. DePinto if you would like to fax this form or with any questions at 201-481-7519.

Please note that if before an award is distributed to the respective educational institution, KCNJ must receive a copy of your Fall 2020 DETAILED INVOICE on College letterhead no later than **July 17, 2020**, which must include ALL Financial Aid, Credits and Costs for the Fall Semester, to ensure accurate accounting and processing time. You must also send the most current SCHOOL TRANSCRIPT (unofficial is acceptable) and FAFSA before a Scholarship Renewal can be approved. Candidates must be in academic good standing with a minimum GPA of 2.0 to remain eligible. Once approved, there is no guarantee that the award amount will be the same as previous scholarships. Please consider this when determining potential student loans.

I. STUDENT APPLICANT INFORMATION

Name of Student:

First

Middle

Last

School Attending: _____ Student ID#: _____

School Year: _____ Major: _____

Are you enrolled Full Time? Yes No

Cost of Tuition _____ Year of Graduation _____

Present Address: _____

Street

Apt. #

County

City

State

Zip

Home Telephone: _____ Cell Phone: _____

Email: _____

What year will you be in the fall? Freshman Sophomore Junior Senior

Please provide us with an update on your status as a student. Also include any information stating a change in your circumstances:

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: _____ \$ _____

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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:

FAMILY EXPENSES

Family Expenses

Monthly Average

- | | |
|--|-----------------|
| 1. Rent or Mortgage payment (include monthly property taxes, insurance, etc.): | \$ _____ |
| 2. Utilities (power, phone, cable, water, etc.): | \$ _____ |
| 3. Car payment(s): | \$ _____ |
| 4. Auto insurance monthly premium: | \$ _____ |
| 5. Out of pocket medical expenses (not covered by insurance or workers' compensation): | \$ _____ |
| 6. Child support payments made to children not residing in applicant's household: | \$ _____ |
| 7. Any other monthly expenses (credit cards, loans, etc.) | |
| Expense Type: _____ | \$ _____ |
| Expense Type: _____ | \$ _____ |
| Expense Type: _____ | \$ _____ |
| TOTAL MONTHLY FAMILY EXPENSES: | \$ _____ |

Please explain in detail any anticipated future changes in family expenses:

PLEASE READ CAREFULLY:

I hereby apply for a scholarship from Kids' Chance of New Jersey, Inc. (KCNJ). I understand that scholarships granted by KCNJ 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 KCNJ 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 KCNJ Board of Directors as to who shall receive KCNJ 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 vocational school or undergraduate studies and does 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 KCNJ Board of Directors. I understand that I must maintain a minimum of a 2.0 GPA to stay eligible. Furthermore, I understand that "up to" half of the total award amount will be distributed towards the Fall Semester and "up to" half towards the Spring Semester ONLY after an official and detailed school invoice including all costs and financial aid has been submitted to KCNJ. 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 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 the Kids' Chance mission of publicizing the availability of these scholarships by providing publicity materials may jeopardize my eligibility for scholarships. I agree to provide photographs or written materials to help in the promotion of the Kids' Chance of New Jersey mission.

Check if you give consent for KCNJ to directly communicate with your parent/s any notifications or inquiries related to this application and your scholarship, if approved. If at any time you wish to retract that consent, notify KCNJ in writing.

Signature of Applicant

Date