

## KIDS' CHANCE OF NORTH CAROLINA SCHOLARSHIP APPLICATION CHECKLIST

IT IS IMPORTANT THAT ALL THE NECESSARY DOCUMENTS ARE INCLUDED WITH YOUR SCHOLARSHIP APPLICATION. PLEASE USE THIS CHECK LIST TO ENSURE THAT YOUR APPLICATION WILL BE REVIEWED AND PROCESSED FOR RECOMMENDATIONS WITHOUT THE NEED TO REQUEST ADDITIONAL INFORMATION.

- APPLICATION – Completed and signed
- HIGH SCHOOL TRANSCRIPT – Showing grades and attendance or IF attending college, previous semester's transcript
- LETTERS OF RECOMMENDATION – Minimum of two: Not from relatives
- DEATH CERTIFICATE of deceased parent – If applicable
- CURRENT MEDICAL REPORTS and first report of injury of parent
- CURRENT REHABILITATION REPORTS on injured parent
- BRIEF DESCRIPTION OF PARENT'S ACCIDENT
- VERIFICATION OF SCHOOL ATTENDANCE
- ESTIMATED COST OF REGISTRATION, TUITION, TEXT BOOKS, LIVING EXPENSES AND OTHER COSTS
- ONE PAGE LETTER EXPLAINING EDUCATIONAL GOALS AND THE NEED FOR FINANCIAL ASSISTANCE, VERIFICATION AS APPROPRIATE FOR EXPENSES
- LIST ALL SOURCES OF INCOME

**Kids' Chance of North Carolina**  
**Supported by the North Carolina Workers' Compensation Community**

**SCHOLARSHIP APPLICATION**

**Please send application to:**      **KIDS' Chance NC**  
P.O. Box 470426  
Charlotte, NC 28247-0426  
(704) 264-9111

**I. Applicant Information**

1. Name  
\_\_\_\_\_

First	Middle	Last
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2. Address:  
\_\_\_\_\_

Street	Apt #	
_____		
City	State	Zip Code

3. Home Phone: (\_\_\_\_)\_\_\_\_\_      Mobile: (\_\_\_\_)\_\_\_\_\_      Work: (\_\_\_\_)\_\_\_\_\_
4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Social Security Number: \_\_\_\_\_
5. Parent's Names: Father: \_\_\_\_\_      Mother: \_\_\_\_\_
6. Number of family members living at home dependent upon the injured or deceased parent:  
\_\_\_\_\_

**II. Information Regarding Injured or Deceased Parent:**

1. Injured or deceased parent: Name: \_\_\_\_\_
2. Social Security Number of injured or deceased parent: \_\_\_\_\_
3. Date of Injury/Death: \_\_\_\_/\_\_\_\_/\_\_\_\_      Claim No: \_\_\_\_\_
4. Nature and Extent of Injury:  
\_\_\_\_\_  
\_\_\_\_\_
5. Employer Information:  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Street	Suite #	
_____		
City	State	Zip Code

- Telephone Phone: (\_\_\_\_)\_\_\_\_\_      Fax: (\_\_\_\_)\_\_\_\_\_
- Email: \_\_\_\_\_

6. Industrial Commission File Number and/or Claim Number: \_\_\_\_\_

7. Workers' Compensation Insurance Company information

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Suite #  
City State Zip Code

Telephone Phone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

8. Attorney Information (Legal representative of injured or deceased worker), *if applicable*:

Name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Suite #  
City State Zip Code

Telephone Phone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

### III. Applicant's Academic Background

1. High School Information.

High School Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
City State Zip Code

Telephone Phone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

2. Current G.P.A. (based upon last two semesters of school): \_\_\_\_\_

Extra Curricular Community/School Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



19. Other circumstances which you feel Kids' Chance of North Carolina should know in reviewing your Scholarship request:

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20. For potential/technical or college students:

A. Names and addresses of schools applied to: \_\_\_\_\_

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B. If you have been accepted for admission, please name the school(s): \_\_\_\_\_

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**IV. Additional Information Regarding Family Liabilities:**

With respect to the Sallie Mae Loan and loan from NSU, please advise whether these loans were incurred for your education exclusively or whether they represent loans incurred by other family members? \_\_\_\_\_

If they pertain to other family members, as well, specify the amount of the loan attributable to the other family members? \_\_\_\_\_

**FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT RESIDING IN SAME HOUSEHOLD**

**FAMILY INCOME: (Averaged on a monthly basis)**

- 1. Workers' Compensation Payment \$ \_\_\_\_\_
- 2. Disability Insurance \$ \_\_\_\_\_
- 3. Other Insurance Payments \$ \_\_\_\_\_
- 4. Income per month of spouse of injured or deceased  
Employee \$ \_\_\_\_\_
- 5. Additional income of other dependents of injured or deceased employee residing in same household with Applicant

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- 6. Financial assistance from any state or federal agency such as the following:

Welfare	\$ _____
Child support payment received on behalf of children	\$ _____
Residing in same household with applicant	\$ _____

**GRAND TOTAL OF HOUSEHOLD INCOME:**

\$ \_\_\_\_\_

**EXPENSE OF FAMILY:** *(Averaged on a monthly basis)*

1. Rent, house payment  
\$ \_\_\_\_\_

2. Food  
\$ \_\_\_\_\_

3. Clothing  
\$ \_\_\_\_\_

4. Incidentals  
\$ \_\_\_\_\_

5. Medical & Dental Bills (to extent not covered by Workers' Compensation)  
\$ \_\_\_\_\_

6. Car Payments  
\$ \_\_\_\_\_

7. Maintenance for cars, including gas and oil  
\$ \_\_\_\_\_

8. Recreation  
\$ \_\_\_\_\_

9. Health Insurance Payments  
\$ \_\_\_\_\_

10. Insurance for cars and house  
\$ \_\_\_\_\_

11. Taxes – Property  
\$ \_\_\_\_\_

12. Electricity  
\$ \_\_\_\_\_

13. Gas (for heating)  
\$ \_\_\_\_\_

14. Telephone  
\$ \_\_\_\_\_

15. Water  
\$ \_\_\_\_\_

16. Child support payments made to children not residing in Applicant's household  
\$ \_\_\_\_\_

17. Rent, house payment, mortgage (second)  
\$ \_\_\_\_\_

**GRAND TOTAL OF MONTHLY EXPENSES:**

\$ \_\_\_\_\_

**TOTAL ASSETS OF FAMILY:**

1. Cash on hand or in banks	\$ _____
2. Stocks, bonds, notes	\$ _____
3. Real Estate	\$ _____
Home	\$ _____
Other	\$ _____
4. Automobiles	\$ _____
5. Other personal property	\$ _____
	\$ _____
6. Itemize other assets	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL LIABILITIES OF FAMILY:**

1. Credit Union	\$ _____
2. Real Estate Mortgage	\$ _____
3. Automobile loans	\$ _____
4. Other notes or loans	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
5. Other Bills	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I certify that the above information is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a list of names and phone numbers of all persons who assisted the applicant in the preparation of this document:

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**STATEMENT OF INTENT/AUTHORIZATION FOR RELEASE OF INFORMATION:**

I hereby apply for a scholarship from KIDS' CHANCE of NORTH CAROLINA.

I hereby consent for KIDS' CHANCE of NORTH CAROLINA to verify the contents of this application.

I agree to allow the school to send a copy of each quarter's (or semester's) grades to KIDS' CHANCE of NORTH CAROLINA. It is fully understood that compliance in this matter is necessary for funds to be paid on a regular basis.

I hereby consent for KIDS' CHANCE of NORTH CAROLINA, 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.

In return for the consideration of the application form KIDS' CHANCE of NORTH CAROLINA is allowed to use the applicant's name and likeness to advance the charity's purposes and reporting requirements. This includes information to prospective donor groups and individuals to further the goals of KIDS' CHANCE of NORTH CAROLINA.

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

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