



Kids' Chance

of South Carolina

Educating Children of South Carolina's Injured Workers

APPLICATION FOR SCHOLARSHIP

NAME	ADDRESS

HOME TELEPHONE	CELL PHONE	EMAIL ADDRESS

AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

PARENTAL INFORMATION

FATHER'S NAME, ADDRESS, TELEPHONE NUMBER	MOTHER'S NAME, ADDRESS, TELEPHONE NUMBER

APPLICANT - SCHOOL INFORMATION

HIGH SCHOOL ATTENDED	ADDRESS

COLLEGE ATTENDING/PLAN TO ATTEND	ADDRESS

Have you already been accepted by this institution? Yes No

Date you will be starting classes at this school: _____

Type of Institution:

- | | |
|---|---|
| <input type="checkbox"/> Trade School | <input type="checkbox"/> Industrial/Commercial School |
| <input type="checkbox"/> Junior College | <input type="checkbox"/> Technical College |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Graduate school |

Have you been awarded any other scholarships or financial aid? If so, please explain:

What other scholarships have you applied for and/or been approved for?

INJURED/DECEASED WORKER INFORMATION:

NAME AND ADDRESS OF INJURED/DECEASED WORKER

SOCIAL SECURITY NUMBER OF WORKER

WCC FILE NUMBER

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NAME AND ADDRESS OF EMPLOYER

DATE OF INJURY/DEATH

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Nature of Occurrence (check one):

- Death related to occupational accident/injury;
- Death related to occupational illness;
- Work-related catastrophic injury – describe:

- Work-related catastrophic illness – describe:

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

If yes, when: _____

FINANCIAL AFFIDAVIT OF FAMILY (HOUSEHOLD MEMBERS) OF APPLICANT: (PLEASE NOTE THAT IN ADDITION TO PROVIDING THE FINANCIAL INFORMATION FINANCIAL INFORMATION REQUESTED IN THIS APPLICATION, ANYONE WHO RECEIVES A KIDS' CHANCE SCHOLARSHIP SHOULD ALSO INCLUDE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) STUDENT AID REPORT (SAR) DOCUMENTS WITH THE APPLICATION)

Current Family Income (monthly):

Workers' Compensation benefits	\$
Disability insurance	\$
Income from spouse of injured worker Name of Employer: _____	\$
Student's income Name of Employer: _____	\$
Other income	\$
Assistance from any state/federal agency	\$
Child support received on behalf of children	\$
Interest/dividend, annuity income	\$
TOTAL INCOME	\$

Explain any anticipated future income:

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Current Family Expenses (monthly):

Rent/mortgage	\$
Food	\$
Clothing	\$
Incidentals	\$
Medical/dental bills (not covered by workers' compensation)	\$
Car payment(s)	\$
Maintenance for cars (including gas/oil)	\$
Recreation	\$
Health insurance premiums	\$
Automobile insurance premiums	\$
Homeowners/renters insurance premiums	\$
Property taxes	\$
Other taxes	\$
Electricity	\$
Telephone	\$
Water/sewer	\$
Child support payments (children not in household with applicant)	\$
Other expenses Explain: _____	\$
TOTAL EXPENSES	\$

ASSETS:

Cash on hand or in banks	\$
Stocks, bonds, notes	\$
Real estate - home	\$
Other real estate	\$

Automobiles	\$
Other vehicles (boats, motorcycles, etc)	\$
Other assets Explain: _____	\$
TOTAL ASSETS	\$

LIABILITIES:

Credit union	\$
Real estate mortgage	\$
Automobile loans	\$
Other notes/loans List: _____ _____	\$
TOTAL LIABILITIES	\$

CONTINGENT LIABILITY INCOME/AWARDS:

Is any family member currently a plaintiff or defendant in a lawsuit from which additional income or a settlement may be awarded? Yes No

If yes, please explain:

How did you hear about Kids' Chance?

*Prior to submitting your application, please review it carefully for mistakes. All supporting documents **MUST** be submitted with the application. Your application **WILL NOT** be processed until all documents are received.*

APPLICANT: _____ DATE: _____