



Kids' Chance of South Carolina

Educating Children of South Carolina's Injured Workers

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APPLICATION FOR RENEWAL 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

NAME OF COLLEGE	ADDRESS / TELEPHONE NUMBER

(Circle One) FRESHMAN/SOPHOMORE, JUNIOR/SENIOR	CUMULATIVE GPA

MAJOR/MINOR	HAS THIS CHANGED SINCE LAST

	SEMESTER? IF SO, WHY?

What are your career goals or plans after graduation?

Have you applied for other financial aid? If so, please explain:

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

*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: _____