



**KIDS' CHANCE OF RHODE ISLAND
SCHOLARSHIP APPLICATION FOR SCHOOL
YEAR 2021-2022**

Process:

- Please complete the application to the best of your ability. You may need assistance to gather the necessary information.
- After initial review, the scholarship committee may contact eligible students to verify information to secure missing information. Please respond to our inquiries.
- The scholarship committee will determine the merit of each application and approve scholarships as funds allow.
- Kids' Chance of Rhode Island (KCORI) will notify approved students of their award amount, verify enrollment, and upon completion of the process, will send payment directly to the post-secondary institution.
- In general, Kids' Chance of Rhode Island scholarships may be used for any item included in the official Cost of attendance, unless restricted by the Kids' Chance of Rhode Island.

A. Student Applicant Contact Information

Name: First, Middle, Last

Address: _____

City _____

State _____

Zip _____

Best phone number to reach you: _____

Indicate: home, work or mobile

2nd phone, if available: _____

Indicate: home, work or mobile

Best email to reach you:

2nd email, if any:

Age: _____ Date of Birth: _____ / _____ / _____

B. Parent/Household Information

Name of injured Parent/Guardian:

First, Middle, Last

Address (if different than applicant):

City _____

State _____

Zip _____

Primary phone number: _____

Indicate: home, work or mobile

2nd phone, if available: _____

Indicate: home, work or mobile

Name Parent/Guardian 2 (if applicable):

First, Middle, Last

Address (if different than applicant)

City _____

State _____

Zip _____

Primary phone number: _____

Indicate: home, work or mobile

2nd phone, if available: _____

Indicate: home, work or mobile

Is the non-injured/surviving parent employed?

Yes, currently employed as follows:

Full-time Part-time

Please indicate the status of this parent's salary compared to what it was at the time of the injury:

Higher salary now About the same Lower salary now

Current Employer: _____

Current Position: _____

Employer Address: _____

City _____

State _____

Zip _____

Employer Phone: _____

Not currently employed

How many people live in the household where you are a dependent? _____

How many under 18? _____

How many other dependents will be enrolled in a college, university, vocational or technical school at the same time as you, **not** including yourself? _____

C. Injured/Deceased Claim Information (this section not required to be answered if applicant previously was awarded a KCOC scholarship)

Name of parent/guardian with the work-related injury:

First, Middle, Last:

Relationship to you: _____

Nature of claim: Work-related injury or illness Work-related death

Date of injury or death _____ / _____ / _____ Employer's name

and address at time at the time of the work accident:

The Country and State where the accident occurred:

Workers' Compensation Claim File Number:

Worker' Compensation Commission that has jurisdiction over the case:

Provide a brief description of the accident or incident resulting in injury or death: (150 word limit; attach description to application)

Provide a brief description of how the injury to the worker has affected the financial circumstances of the employee and his/her family. (250 word limit; attach to application)

D. Current Financial Information regarding injured worker

Is the injured parent/guardian **currently** employed?

Yes, currently employed as follows:

Full-time

Part-time

Please indicate the status of this parent's salary compared to what it was at the time of the injury:

Higher salary now

About the same

Lower salary now

Current Employer: _____

Current Position: _____

Employer Address: _____

City _____

State _____

Zip: _____

Employer Phone: _____

Not currently employed

If this parent will return to work indicate when: Month/Year _____ / _____

Has the workers' compensation claim of the injured worker settled on a full and final basis? If yes, please indicate the net amount of the settlement received by the worker.

Was the work accident subject to a civil third party claim or lawsuit? If yes, please state the net amount of any recovery to the worker or whether the claim/lawsuit is still pending:

E. Education Information

Current High School Students Only:

Name of high school: _____

City _____

State _____

Zip _____

High school cumulative GPA: _____

College, Vocational, Technical School or University Enrollment Section:

Name of the institution you plan to attend:

Have you been accepted? Yes No

Institution's mailing address:

City _____

State _____

Zip _____

Institution's main phone number: _____

Name of institution you currently attend if different than above

Current Cumulative GPA: _____

Current Cumulative Credits Earned: _____

Plan to Enroll: Full-time Part-time

Plan to Live: Campus Housing Off-Campus Housing (not at home) Live w/Parent(s)/guardians

Please describe the applicant's intended major, educational and career goals: (250 word limit; attach to application)

Type of institution you will attend?

- College/University (4-5 years)
- Junior/Community College (2-3 years)
- Trade/Tech/Vocational (1-3 years)
- Other?

COA – Official annual Cost of Attendance at your college or university, as indicated on your college financial aid award letter or Student Aid Report (SAR) from the FAFSA:

\$ _____

EFC – Official Estimated Family Contribution, as indicated on your Student Aid Report from the FAFSA:

\$ _____

If you are attending a trade or vocational program that does not participate in federal financial aid programs, please indicate the cost as follows:

Indicate cost per credit, course or whole program \$ _____
Circle: Credit/Course/Program

Length of Trade/Tech/Voc Program in months? _____ months

If you are considering another college, please include that information here – if NOT, THEN SKIP to “Additional Information” section below.

Name of another institution you may attend:

Have you been accepted? Yes No

F. Additional information that will not affect your scholarship request

Where did you hear about this scholarship?

- High School Counselor/Advisor
- College Official/Advisor
- Parent or family member
- Attorney

- Case manager
- Online search
- Other, please indicate:

By signing below, you agree that this information is truthful to the best of your knowledge and that the scholarship committee may follow up with you or other parties to verify the accuracy.

NAME (print): _____

SIGNATURE: _____

DATE: _____

DEADLINE: Post mark application by April 1, 2021.

Applications should be sent to: Kids' Chance of Rhode Island