

EDUCATIONAL SCHOLARSHIPS FOR CHILDREN OF VIRGINIA'S SERIOUSLY INJURED WORKERS

Kids' Chance of Virginia 12701 Marblestone Drive, Suite 250, Woodbridge, VA 22192 Telephone: 703.586.6300

1. Student's Name:

2. Mailing address:

City:

State:

ZIP Code:

3. E-mail address:

4. Home Phone:

Cell phone:

5. Date of birth:

Social Security Number:

6. Parent's Names:

Father:

Mother:

7. Number of family members living at home dependent upon the injured or deceased parent :

8. Injured or deceased parent:

Name:

Social Security Number:

Date of Injury or Death:

VWC/JCN#:

9. Injured or deceased parent's employer's name (at time of injury & present employer):

Mailing address:

City:

State:

Zip Code:

Employer's Phone Number:

10. Name and address of high school, college or technical school, applicant student is currently attending:

Mailing address:

City:

State:

Zip Code:

11. Educational institution planning to attend:

Tuition \$:

Room/board \$:

Books \$:

12. For potential vocational/technical or college students:

A. Names and addresses of schools applied to:

B. If you have been accepted for admission, please name the school(s) and supply the address:

13. Educational institution mailing address:

City:

State:

Zip Code:

14. Major field of intended study:

15. Career objective:

16. Other scholarships or financial aid you have applied for:

17. Have you been awarded any other scholarships for financial aid?
(If yes Attach Student Aid Report)

18. Other circumstances which you feel Kids' Chance of VA should know in reviewing your scholarship request (include biography and educational / career goals):

19. Has family member been awarded money as a result of a lawsuit or workers' compensation settlement? (Yes / No)
If yes, please explain -

20. Is any family member currently a plaintiff / claimant in a lawsuit or workers' compensation claim from which additional income or settlement may be awarded? (Yes / No)
If yes, please explain -

21. How did you learn about Kids' Chance? Please provide referral source with contact information.

FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT RESIDING IN SAME HOUSEHOLD

1. Workers' Compensation Payment / week _____	\$ _____
2. Disability Insurance / month _____	\$ _____
3. Other Insurance Payments / month	\$ _____
4. Income per month of spouse of injured or deceased employee :	\$ _____
Name and address of Spouse's employer:	
5. Additional income of other dependents of injured or deceased employee residing in the same household with applicant.	\$ _____
Student Applicant's Income:	\$ _____
Income and names of other family members living at home	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
6. Financial assistance from any other state or federal agency, such as welfare:	\$ _____
7. Child support payments received on behalf of children residing in the same household with applicant	\$ _____
Total Monthly Income	\$ _____

EXPENSES OF FAMILY: (Averaged on a monthly basis)

1. Rent, house payment	\$ _____
2. Food	\$ _____
3. Clothing	\$ _____
4. Incidentals	\$ _____
5. Medical & dental bills (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. Payments on other bills	\$ _____ \$ _____ \$ _____
Total Monthly Expenses:	\$ _____

TOTAL ASSETS OF FAMILY:

1. Cash in hand or in banks	\$ _____ \$ _____
2. Stocks, bonds or note	\$ _____ \$ _____
3. Real Estate Home Other	\$ _____ \$ _____ \$ _____
4. Automobiles	\$ _____ \$ _____ \$ _____
5. Other personal property valued over \$1,000	\$ _____ \$ _____ \$ _____
6. Itemize other assets	\$ _____ \$ _____ \$ _____
7. Retirement, 401K, 529, CD's, Money market accounts, other savings accounts	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

TOTAL LIABILITIES OF FAMILY:

1. Credit Union	\$ _____
2. Real Estate Mortgage	\$ _____
3. Automobile loan	\$ _____
4. Other notes or loans	\$ _____ \$ _____ \$ _____
5. Other bills, including tuition expenses and monthly credit card payments	\$ _____ \$ _____ \$ _____

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

Signature

Date

ADDITIONAL DOCUMENTS REQUIRED

☐ **1. Most current transcript of grades and college/technical school transcripts available**

☐ **2. Student Aid Report (SAR)**

☐ **3. Brief description of accident**

☐ **4. Death certificate of deceased parent**

☐ **5. Current medical reports, including disability slip on injured parent**

☐ **6. First report of injury of parent**

☐ **7. Two Letters of Recommendation from Non-Family Members**

It would be helpful if you would please list the names of all persons who assisted the applicant in the preparation of this document: