



Scholarship Application 2017-2018

Kids' Chance Of Nevada, Inc . PO Box 750532 . Las Vegas . NV 89136
 (702)-716-5356 | kidschance of nevada.org

I. Student Applicant Information

Date of Application			
Full Name: (Student)	<i>First</i>	<i>Middle</i>	<i>Last</i>

Address:			
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Home Phone:		Email	
Cell Phone:			

Age:		Date of Birth:		Social Security No.:	
Last 4 digits only – to be used for the purposes of submission to PATH/PHEAA					

II Family Information

Parent 1 - Name			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Parent 2 - Name			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Parents Address:			
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Parents Phone #:		Parents Email:	

How many residing in household		How many family members less than 18 years old?	
---------------------------------------	--	--	--

Is uninjured/surviving parent employed?	<input type="radio"/> Yes <input type="radio"/> No If yes average number of hours per week:		
If 'yes' name of employer:			
Employers Address:			
	<i>Street Address</i>		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Employers Phone Number		Employers Fax Number:	

Applicants Name: _____

III. INJURED / DECEASED PARENT INFORMATION

Injured/deceased parent's name:			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of work related illness/injury:	OR Date of death related to work illness/injury:		
Injured/deceased parent's occupation/job title at the time of accident:			
Please describe the illness/injury or fatal event:			
Date of Birth	Last 4 digits of Social Security Number:		
Name of employer on record	(when illness, injury or death occurred)		
Employers Address			
	<i>Street Address</i>		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Workers' Compensation Claim Number:			

Has or will the injured parent return to work? Yes No *If yes, expected date:*

Please explain any unusual or extenuating circumstance that you feel the Kids' Chance of Nevada, Inc., organization should consider when reviewing your scholarship request.

Where did you learn about Kids' chance of Nevada, Inc?

Applicants Name: _____

IV. STUDENT APPLICANT'S ACADEMIC INFORMATION

Name and address of College/University applicant has been accepted to or is attending:		
Phone Number:		
Applicants GPA if currently enrolled:		
Intended/current Major:		
Applicant's career objectives		
Type of educational institution:		
Check one:	<input type="radio"/> College/University (four year undergraduate degree)	
	<input type="radio"/> Junior/Community college (two year undergraduate degree)	
	<input type="radio"/> Trade/Vocational school	
	<input type="radio"/> Other (Specify)	
Date you will be beginning/continuing at your educational institution		
Date you will be beginning/continuing at your educational institution		

Applicants Name: _____

V. ATTESTATION / AUTHORIZATION STATEMENT

PLEASE READ CAREFULLY

I certify that all information provided in this application is true and correct to the best of my knowledge and belief.

I hereby apply for a Kids' Chance of Nevada, Inc. scholarship. I hereby give consent to Kids' Chance of Nevada, Inc. to verify the contents of this application and attachments.

I hereby give consent to Kids' chance of Nevada, Inc. its agents, employees, or designees to contact and verify my information contained in this application and attachments by contact with any individual, government, educational institution, or other entity. I understand that any intentionally false or misleading information I have submitted on this application will result in immediate rejection, cancellation of award and/or return of expended funds.

If I am awarded funds, I agree to provide Kids' Chance of Nevada, Inc. with a signed letter of authorization and a good quality photo, if available, for use on the Kids' chance of Nevada, Inc. website, communications/publications, and social media, to attend special events when feasible, and at the end of each school year to send, fax or email, updates with information on academic/extracurricular progress and successes to Kids' Chance of Nevada, Inc.

I understand that scholarships granted by Kids' Chance of Nevada, Inc. are benevolent awards and these are made on the basis of the fund available to the Kids' Chance of Nevada, Inc. organization. I further understand that the selection of the recipients of Kids' Chance of Nevada, In. scholarships is a determination made solely by the Kids' Chance of Nevada, Inc. organization and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance scholarship award, as well as the amounts of any such awards and that I am in no way legally entitled to any scholarship, award or grant on the basis of this application.

Signature of student applicant

Date

Signature of Parent/Guardian (if applicant is under the age of 18)

Date

Applicants Name: _____

VI. ADDITIONAL DOCUMENTS REQUIRED

REQUIRED (Please submit with your application)

- _____ A completed Kids' Chance of Nevada Scholarship application
- _____ Financial Aid Release Form – We must have this form completed by the financial aid office
- _____ Death Certificate of deceased parent, if applicable. Death must have occurred as a result of a work-related injury/illness

The amount of each Kids' Chance of Nevada, Inc. scholarship award is decided by the Board of Directors and will be paid directly to the education institution.

Kids' Chance of Nevada Inc.
P>O> Box 750532
Las Vegas, NV 89136
Email: info@kidschanceofnevada.com
Website: www.kidschanceofnevada.com

If you have application questions or concerns, please call Kids' Chance of Nevada, Inc. at 702-716-5356

Applicants Name: _____



Financial Aid Release Form 2017-2018

Kids' Chance Of Nevada, Inc . PO Box 750532 . Las Vegas . NV 89136
(702)-716-5356 kidschance of nevada.org

TO BE COMPLETED BY THE STUDENT		
<i>Submitting this form does not guarantee that the student will receive funding</i>		
First name:	Last name:	
Student ID:	Phone Number:	Last 4 digits of Social Security No.
Do you plan to enroll full-time for the 2017-2018 Academic Year? <input type="radio"/> Yes <input type="radio"/> No		
I plan to enroll in <input type="radio"/> Fall 2017 credits and <input type="radio"/> Spring 2018 credits		
Student signature release: _____		Date: _____
<i>I have applied for a Kids' Chance of Nevada, Inc. scholarship for the 2017-2018 academic year to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to Kids' Chance of Nevada, Inc.</i>		
TO BE COMPLETED BY THE FINANCIAL AID OFFICE		
<i>Please provide the requested financial aid information based on the student's reported enrollment plans above.</i>		

School Name:
Campus Location:
Calendar System: <input type="radio"/> Semester <input type="radio"/> Trimester <input type="radio"/> Quarter
Current Fall 2017 Credits Enrolled: _____ Current Spring 2018 Credits Enrolled: _____
Has student submitted a 2017-2018 FAFSA? <input type="radio"/> Yes <input type="radio"/> No Federal Expected Family Contribution \$ _____
Yearly Cost of Attendance* \$ _____ *(As defined by the US Higher Education Act of 1965 to include tuition, fees, room, board, transportation, books, supplies etc.)
2017-2018 Pell Grant Amount Offered: \$ _____
If Pell Grant not available, please indicate reason: <input type="radio"/> EFC Too High <input type="radio"/> Not Meeting SAP <input type="radio"/> Other
Does this student meet satisfactory academic progress? ? <input type="radio"/> Yes <input type="radio"/> No
Total amount of Gift Aid/Grants/Scholarships offered (2017-2018 Yearly total only, including Pell Grant amount) \$ _____
Student's Major: _____ Student's Cumulative GPA (not required if student newly admitted) _____
Student's Grade Level: (FR, SO, JR, SR):
Signature of Financial Aid representative: _____ Date: _____
Print Name: _____ Direct Phone _____
Email: _____
PLEASE SUBMIT FORM TO: Kids' Chance Of Nevada, Inc., PO Box 750532, Las Vegas, NV 89136 Or email to: info@kidschanceofnevada.com

Applicants Name: _____