

**Kids' Chance of Nevada** Scholarship Application 2017-2018  
Educating Children of Injured Workers

Kids' Chance of Nevada, Inc. • P.O. Box 750532 • Las Vegas, NV • 89136  
702-716-5356 • www.kidschanceofnevada.org

Please Print All Information Requested Except Signatures

Date of application 1/20/18

**I. STUDENT APPLICANT INFORMATION**

1. Student's Name Hannah Susanne Roch  
First Middle Last
2. Present Address 7301 Falvo Ave  
City Las Vegas State NV Zip 89131
3. Home Phone \_\_\_\_\_ Cell Phone 702-622-0801 Email hannahroch12@gmail.com
4. Age 17 Date of Birth 07 / 26 / 00 Social Security No. Last 4 Digits Only 9745  
(to be used for the purposes of submission to PATH/PHEAA)

**II. FAMILY INFORMATION**

1. Parent 1 Name Jeffrey Scott Roch  
First Middle Last  
Parent 2 Name Stacie Ann Wichman-Roch  
First Middle Last
2. Parent's Address (If different than above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Parent's Phone No. 702-224-4911 Parent's Email staciewichmanroch@yahoo.com
4. How many residing in household? 5 How many family members less than 18 years old? 2
5. Is uninjured/surviving parent employed? Yes  No  If yes, average # of hours worked per week 40
6. If yes, name of employer Select Medical/Dignity Health
7. Employer's address 3001 St. Rose Pkwy  
City Henderson State NV Zip 89052
8. Employer's Phone No. 702-616-5050 Employer's Fax No. 702-616-4577

Applicant's Name: Hannah Susanne Roch

**III. INJURED / DECEASED PARENT INFORMATION**

1. Injured/deceased parent's name Jeffrey Scott Roch

2. Date of work related illness/injury 12/23/00 <sup>First</sup> <sup>Middle</sup> <sup>Last</sup> OR Date of death related to work illness/injury     /    /    

3. Injured/deceased parent's occupation/job title at the time of accident: Police Officer

4. Please describe the illness/injury or fatal event While on duty as a motorcycle officer, my dad was hit by a women that failed to yield the right of way. He suffered a ruptured aorta and paralysis from the waist down.

5. Date of Birth 01/29/73 Last 4 digits of Social Security Number: 2748

6. Name of employer on record (When illness, injury or death occurred) LVMPD

7. Employer's Address 400 S. MLK Blvd  
City Las Vegas State NV Zip 89106

8. Workers' comp claim # 00D34B903548

9. At this time, is there a workers' compensation action pending? Yes  No  If yes, briefly state the status of the claim. Claim was accpeted in 2000

10. Has or will the injured parent returned to work? Yes  No  If yes, expected date 04/01/01

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

12. Please list the names of all persons who assisted the applicant in preparing this document  
Jeffrey Roch, Stacie Wichman-Roch

13. Where did you learn about Kids' Chance of Nevada, Inc.?  
Through my mother

Applicant's Name: Hannah Susanne Roch

**IV. STUDENT APPLICANT'S ACADEMIC INFORMATION**

1. Name and address of College/University applicant has been accepted to or is attending.

University of Nevada, Reno

Address 1664 N. Virginia St.

City Reno State NV Zip 89557 Phone No. 775-784-1110

2. Applicant's GPA if currently enrolled \_\_\_\_\_

3. Intended/Current Major Political Science

4. Applicant's career objectives Attend Law Schol. Practice Law.

5. Type of educational institution (check one)

College/University (four year undergraduate degree)

Junior/Community college (two year undergraduate degree)

Trade/Vocational school  Other (specify) \_\_\_\_\_

6. Date that you will be beginning/continuing at your educational institution 08 /     / 18

Applicant's Name: Hannah Susanne Roch

**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.

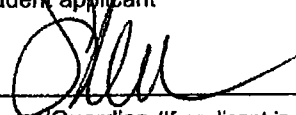
I hereby give consent to Kids' Chance of Nevada, Inc., its agents, employees, or designees to contact and verify my information contained in this application and attachments by contact with any individual, government, educational institution, or other entity. I understand that any intentionally false 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 website, communications/publications, and social media, to attend special events when feasible, and at the end of each school year to send, fax or e-mail, 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 funds available to the Kids' Chance of Nevada, Inc. organization. I further understand that the selection of the recipients of Kids' Chance of Nevada, Inc. 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 awards, 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

1/20/18  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Parent/Guardian (If applicant is under the age of 18)

1/20/18  
\_\_\_\_\_  
Date

Applicant's Name: Hannah Susanne Roch

**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.
- One to three paragraphs noting the specific work-related accident and why this scholarship would help you attain your educational goals.

**OPTIONAL**

- Letters of recommendation

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  
E-mail: [info@kidschanceofnevada.com](mailto:info@kidschanceofnevada.com)  
Website: [www.kidschanceofnevada.com](http://www.kidschanceofnevada.com)

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



# Financial Aid Release Form 2017-18

Kids' Chance of Nevada, Inc., P.O. Box 750532, Las Vegas, NV 89136  
702-716-5356 www.kidschanceofnevada.com

### TO BE COMPLETED BY THE STUDENT

*Submitting this form does not guarantee that the student will receive funding.*

First name: Hannah Last name: Roch

Student ID: 632049 Phone No.: 702-622-0801 Last 4 digits of Social Security No.: 9745

Do you plan to enroll full-time for the 2017-2018 academic year?  Yes  No

I plan to enroll in 12 Fall 2017 credits and 12 Spring 2018 credits

Student signature release: [Signature] Date: 1/20/18

*I have applied for a Kids' Chance of Nevada scholarship for the 2017-18 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.*

### TO BE COMPLETED BY THE FINANCIAL AID OFFICE

*Please provide the requested financial aid information based on the student's reported enrollment plans above.*

School Name: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Calendar System  Semester  Trimester  Quarter

Current Fall 2017 Credits Enrolled: \_\_\_\_\_ Current Spring 2018 Credits Enrolled: \_\_\_\_\_

Has student submitted a 2017-2018 FAFSA?  Yes  No Federal Expected Family Contribution: \$ \_\_\_\_\_

Yearly Cost of Attendance\*: \$ \_\_\_\_\_ (\*As defined by the U.S. Higher Education Act of 1965, to include tuition, fees, room, board, transportation, books, supplies, etc.)

2017-18 Pell Grant Amount Offered: \$ \_\_\_\_\_

If Pell Grant not available, please indicate reason:  EFC Too High  Not Meeting SAP  Other

Does this student meet Satisfactory Academic Progress?  Yes  No

Total amount of Gift Aid/Grants/Scholarships offered (2017-18 Yearly Total only, including Pell Grant amount): \$ \_\_\_\_\_

Student's major: \_\_\_\_\_ Student's Cumulative GPA (not required if student is 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., P.O. Box 750532, Las Vegas, NV 89136  
or email to: [info@kidschanceofnevada.com](mailto:info@kidschanceofnevada.com)