STUDENT APPLICANT INFORMATION

Student's Name
Samantha Araseli Hernandez

Present Address
518 Willowick Ave
n las vegas, Nevada 89031
United States

Home Phone
(702) 296-3667

Cell Phone
(702) 540-9321

Email
sammy_4209@yahoo.com

Age
20

Date of Birth
11/17/1997

Last 4 Digits of Social Security
2370

FAMILY INFORMATION

Parent 1 Name
Angelica Hernandez

Parent 2 Name
Marco Antonio Hernandez

Parent's Address
Nevada
United States

Parent's Home Phone
(702) 296-3667

Parent's Cell Phone
(702) 296-3667

Parent's Email
sammy_4209@yahoo.com

How many residing in household, including yourself?
3

How many family members less than 18 years old, including yourself?
1

Is uninjured/surviving parent employed?
No

INJURED / DECEASED PARENT INFORMATION

Injured/deceased Parent's Name
Marco Hernandez

Is the parent deceased?
Yes

Date of work related illness/injury
05/16/2018

Date of death related to work illness/injury
05/16/2018

Injured/deceased parent's occupation/job title at the time of accident
Forman

Please describe the illness/injury or fatal event
Car Accident

Date of Birth
07/26/1973

Last 4 Digits of Social Security
6239

Name of employer on record
Focus Concrete

Employer's Address
1240 s commerce street
las vegas, Nevada 89031
United States

Workers' comp claim #
20180072

At this time, is there a workers' compensation action pending?
Yes

Briefly state the status of the claim
open

Please explain any unusual or extenuating circumstance that you feel the Kids' Chance of Nevada organization should consider when reviewing your scholarship request
none

Where did you learn about Kids' Chance of Nevada?
Focus

STUDENT APPLICANT'S ACADEMIC INFORMATION

Name of College/University applicant has been accepted to or is attending
College of southern nevada

Address of College/University applicant has been accepted to or is attending
3200 e cheyenne ave
n las vegas, Nevada 89031
United States

Applicant's GPA if currently enrolled
3.1

Intended/Current Major
psychology

Applicant's career objectives
forensic psychology

Type of educational institution
College/University (four year undergraduate degree)

Date that you will be beginning/continuing at your educational institution
01/01/2019

ATTESTATION / AUTHORIZATION STATEMENT

Signature of Student Applicant

Date
08/22/2018

ADDITIONAL DOCUMENTS REQUIRED

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