



Kids' Chance Scholarship Overview

Background:

Kids' Chance of NH is a 501(c)(3) non-profit organization that provides scholarships for children of workers that have been killed or seriously injured in a compensable work-related accident or occupational disease. Scholarships are awarded once a year and students may apply every year for which they are eligible. Award will be based on sole discretion of the Kids' Chance New Hampshire Board of Directors.

Student Eligibility:

- Child who is a dependent of a worker killed or seriously injured in a compensable work-related accident or occupational disease with a New Hampshire employer.
- Accepted or already enrolled at a university, college or technical school. (Graduate-level students are not eligible.)
- Pursuing a degree as a FULL OR PART-TIME student.

Documentation Required:

- Completed Kids' Chance Scholarship Application with student, family and university/college/technical school contact information
- Transcript of most recent grades – unofficial transcript is acceptable
- Brief description of the applicant's education and career goals
- Copy of deceased parent's death certificate OR
- Proof of compensable injury/illness claim such as determination letter by the state workers' compensation board
- Parents' basic employer information such as name, address, phone
- Brief description of the injury, illness, or fatality
- Two letters of reference

Deadline: February 1st

Via e-mail: admin@kidschancenh.org

Via mail: 500 North Commercial Street Suite 301 Manchester NH 03101

Questions? Please contact us BEFORE the deadline via email at admin@kidschancenh.org



Kids' Chance Common Scholarship Application

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 or 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 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 scholarships may be used for any item included in the official Cost of Attendance, unless restricted by the state organization

A. Student Applicant Contact Information
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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

Parent/Guardian 1: First, Middle, Last _____

Address *if different than above*: _____ City, State, Zip _____

Primary phone number: _____ indicate: home, work or mobile?

2nd phone, if available: _____ indicate: home, work or mobile?

Parent/Guardian 2: First, Middle, Last _____

Address *if different than above*: _____ City, State, Zip _____

Primary phone number: _____ indicate: home, work or mobile?

2nd phone, if available: _____ indicate: home, work or mobile?



Is the **UN-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: _____

No

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, technical school or university at the same time as you, **not** including yourself? _____

C. Injured/Deceased Claim Information

Name of parent with the compensable claim of fatality or 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 at time of incident: _____

Worker's Compensation Insurance name and Claim/File Number: _____

Brief description of the accident or incident resulting in injury or death: [150 word limit]

If case of **injury/illness** is the injured parent **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: _____

No, not currently employed

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

Please list any unusual or extenuating circumstances that the scholarship committee should consider in evaluating your scholarship application: [200 word limit]

D. Education Information

Current High School Students Only:

Name of high school: _____ City, State, Zip: _____

High school cumulative GPA: _____

List participation in school, community organizations and activities over the past four years:

Organization/Activity	Year	Status in organization/activity

College, Technical School or University Enrollment Section:

Name of 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)

Intended major, career interests, objectives: [200 word limit]

Type of institution you will attend?

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

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: \$ _____

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

E. Employment/Work Experiences

Employer	Job Description	Length of Employment	Average # hours/week

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
- Kids' Chance postcard or email
- Other, please indicate: _____
- If you remember the name of a specific person, please indicate: _____

Please list any people who helped you complete the application and materials, and their role, or how you know them: _____

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.

SIGNATURE: _____ **DATE:** _____

Thank you for your application! Final scholarship decisions will be made by March 1st.