

14. Have you been awarded any other scholarships for financial aid? _____ If so, please identify and state the amount of each _____
15. Other circumstances which you feel Kids' Chance, Inc. should know in reviewing your scholarship request: _____
16. 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): _____
17. Are you currently involved in a lawsuit? _____ If yes, please explain _____
18. How did you learn about Kids' Chance? _____

FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT RESIDING IN SAME HOUSEHOLD

FAMILY INCOME: (Averaged on a monthly basis)

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

TOTAL LIABILITIES OF FAMILY:

- 1. Credit Union _____
- 2. Real Estate Mortgage _____
- 3. Automobile loans _____
- 4. Other notes or loans _____
- _____
- _____
- _____
- 5. Other bills _____
- _____
- _____
- _____

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

Signature Date

I hereby apply for a scholarship from Kids' Chance, Inc. I hereby consent for Kids' Chance, Inc. to verify the contents of this application. I agree to allow the school to send a copy of each quarter's (or semester's) grades to Kids' Chance, Inc. It is fully understood that a compliance in this matter is necessary for funds to be paid on a regular basis.

I hereby consent for Kids' Chance, Inc., its agents, employees, or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution, or other entity.

Signature Date

ADDITIONAL DOCUMENTS REQUIRED

- 1. High School transcript of grades and college/technical school transcripts (if attended)
- 2. Financial Aid print-out from college or technical school (if applicable)
- 3. Letters of recommendation (optional)
- 4. Current rehabilitation reports on injured parent
- 5. Current medical reports and first report of injury of parent
- 6. Death certificate of deceased parent (if applicable)
- 7. Brief description of accident

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

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 Payment	_____
10. Insurance for cars & 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 on hand or in banks	\$ _____
2. Stocks, bonds, notes	_____
3. Real Estate	_____
Home	_____
Other	_____
4. Automobiles	_____
5. Other personal property	_____
_____	_____
6. Itemize other assets _____	_____
_____	_____
_____	_____
_____	_____