



Kids' Chance of Florida  
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Sarasota, FL 34230-1648  
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## Kids' Chance of Florida Scholarship Program

Mail to: Kids' Chance Committee  
PO Box 1648  
Sarasota, FL 34230-1648

The Kids' Chance of Florida Scholarship Program awards scholarships to dependent children of a worker killed or seriously injured in a claim accepted as compensable under The Florida Workers' Compensation Act (Chapter 440, Florida Statutes); the Longshore and Harbor Workers' Compensation Act (33 U.S.C. § 901 et seq.), or the Federal Employees' Compensation Act (5 U.S.C. Chapter 81). *"A qualifying disabling injury must result in the inability to engage in the substantial gainful activity by reason of any physical or mental impairment which has lasted or can be expected to last for a continuous period of not less than 12 months."*

The Program is administered by the Kids' Chance of Florida and is governed by the Board of Directors representing a cross-section of the legal and workers compensation communities.

Completed application packets and supporting documents listed on the checklist must be postmarked by the deadline defined on the KCOF website. Application packets will not be accepted after the deadline.

All applicants will be notified once the Kids' Chance Scholarship Committee and Board of Directors make their decision. Scholarship money is limited and varies from year to year. Applying for this scholarship does not guarantee you a scholarship award, nor does it guarantee an award for any subsequent years. Kids' Chance scholarship recipients must reapply each year.

### Basic Eligibility Requirements:

- Must be a natural child, adopted child, or step-child dependent on a Florida worker killed seriously injured in a claim compensable under The Florida Workers' Compensation Act (Chapter 440, Florida Statutes); the Longshore and Harbor Workers' Compensation Act (33 U.S.C. § 901 et seq.), or the Federal Employees' Compensation Act (5 U.S.C. Chapter 81).
- Must be a Florida resident between the ages of 16 and 25. **Proof of residency required.**
- Must have a high school diploma, GED, or be a high school student in good standing. Academic achievement, aptitude, extracurricular activities, and community service of the applicant are considered.
- Must maintain a 2.5 GPA or equivalent. Must be pursuing a primary college or university degree (bachelor's or associate's) or vocational education and training (certificate or license) and have received a **Letter of Acceptance** from an **accredited** Florida university, community, technical or vocational college and/or state-approved proprietary school.



## **Kids' Chance of Florida Scholarship Program**

- Must demonstrate substantial financial need.

*Applicants will be required to provide a written statement of their need, describing the circumstances of need, and how a scholarship will assist.*

- The applicant must meet standards set by the Board of Directors of KIDS' CHANCE OF FLORIDA.

### **Expectations of Scholarship Recipients:**

- Prompt response to requests from Florida Kids' Chance office for documents, renewal applications, grade reports, etc.
- Maintenance of satisfactory grades of a cumulative "C" average or higher.
- Prompt notification of dropped classes or withdrawal from school with FL Prepaid and STARS scholarships.
- Cooperation is appreciated in attending Florida Kids' Chance functions such as fund-raising events and seminars. (Attendance is not required but we encourage students to be willing to appear on our behalf and to promptly respond to calls from KCOF staff).
- Submit a recent picture (Marketing Purposes)

### **Uses of Scholarship:**

- Tuition, books, fees, and general living expenses.
- Scholarship **tuition, books, fees, and living expenses** are paid directly to the learning institution consistent with the institution's instructions and protocol



# Checklist

## Kids' Chance of Florida Scholarship Program

Attach this completed checklist to your scholarship application packet. Items one (1) through five (5) must be included with your reapplication packet and postmarked by \_\_\_\_\_ in order to be considered for a Kids' Chance of Florida (KCOF) scholarship.

**NOTE: Please make a copy of your completed application for your records. Once the application packet is submitted it becomes property of the KCOF and cannot be returned to you.**

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*To be checked off by applicant*

*To be checked off by KCOF staff*

- |       |  |       |
|-------|--|-------|
| _____ | 1. A Fully Completed Re-Application.   | _____ |
| _____ | 2. Signed Authorization Statement.   | _____ |
| _____ | 3. Most recent tax returns.  | _____ |
| _____ | 4. Returning scholarship applicant must provide their next semester course schedule, prior semester GPA, and cumulative GPA.<br>*Letter of acceptance required only if there has been a change in College/University from prior academic year. | _____ |
| _____ | 5. Contact information for Financial/Scholarship office, to include, physical address where scholarship benefits will be mailed, phone number, and e-mail address.   | _____ |



# Application

## Kids' Chance of Florida Scholarship Program

### Student Information

1. Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Home(Permanent)Address: \_\_\_\_\_
3. City/State/Zip Code: \_\_\_\_\_
4. Home (Permanent) Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_
5. Applicants e-mail: \_\_\_\_\_ 6. Social Security Number: \_\_\_\_\_
6. Names of Parents/Guardians: \_\_\_\_\_
7. Parents'/Guardians' Address (if different than students'): \_\_\_\_\_
8. Parents' e-mail: \_\_\_\_\_
- a. Do you live with the injured person? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Is another parent/guardian employed? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. If so, name and address of employer(s):  
\_\_\_\_\_  
\_\_\_\_\_

### Academic Information:

1. Major Field of intended study: \_\_\_\_\_
2. What are your anticipated education costs for the upcoming school year? \_\_\_\_\_  
\_\_\_\_\_
3. Career Objective: \_\_\_\_\_
4. How will you finance your education? Please list all sources of income including loans, grants, scholarships, employment, savings, and parental or family contributions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Kids' Chance of Florida Scholarship Program

5. Do you plan to live at home or on campus? \_\_\_\_\_

6. Employment during school include approximate number of hours per week: \_\_\_\_\_

### Financial Information of Household (only include information of household in which you reside)

My living situation, and the definition of my household for the purposes of this Application, is:

\_\_\_ I live with my parent(s) as a part of their household. I am their "dependent" for tax purposes.

\_\_\_ I live with one parent and receive assistance from the other parent. I have listed both parents' assistance on this application.

\_\_\_ I live independently and file my own tax report. I am not a dependent.

\_\_\_ Other: (please explain) \_\_\_\_\_

### 1. Family Household Income – Total Monthly Average:

a. Workers' Compensation Payment: \_\_\_\_\_

b. Disability Insurance: \_\_\_\_\_

c. Social Security Benefits: \_\_\_\_\_

d. Wages, Salaries, Bonuses, Tips, Commissions: \_\_\_\_\_

e. Additional income of other dependents of injured or deceased workers residing in the same household with applicant (please itemize): \_\_\_\_\_

f. Financial Assistance from any state or federal agency, such as welfare: \_\_\_\_\_

g. Child support payments received on behalf of children residing in same household with applicant: \_\_\_\_\_

h. Other income such as a part-time job: \_\_\_\_\_

**Total Monthly Income:** \_\_\_\_\_



## Kids' Chance of Florida Scholarship Program

### 2. Household Expenses – Monthly Average: *Required only if there is a change from prior application*

a. Rent or house payment: \_\_\_\_\_

b. Food: \_\_\_\_\_

c. Car payment: \_\_\_\_\_

d. Health insurance payments: \_\_\_\_\_

e. Car and home insurance: \_\_\_\_\_

f. Utilities: \_\_\_\_\_

g. Child support payments made to children not residing in Applicant's household: \_\_\_\_\_

h. Payments on other bills (credit cards etc.): \_\_\_\_\_

i. Taxes (property): \_\_\_\_\_

j. Recreation: \_\_\_\_\_

k. Medical & dental bills (not covered by workers compensation): \_\_\_\_\_

l. Other (please specify): \_\_\_\_\_

**Total Monthly Expenses:** \_\_\_\_\_



## Authorization

### Kids' Chance of Florida Scholarship Program

I hereby certify that the information contained in this application is true and correct. As long as I am receiving KCOF funds, I authorize the Kids' Chance Committee to verify all contents of this application. I also give my consent for the transmittal or communication to the scholarship committee by any academic institution that I have attended for grade, financial aid information, class standing, or quality point information, as well as information concerning extracurricular activities. I understand that the falsification of any information contained in this application will disqualify for further consideration or receipt of funds from the scholarship.

I hereby give consent to the Kids' Chance of Florida to verify the contents of my scholarship application and attachments. If chosen as a Florida Kids' Chance Scholarship recipient, I agree to send a copy of each term's grades to the Kids' Chance of Florida Scholarship Committee. It is fully understood that compliance in this matter is necessary for awarded funds to continue to be paid to my school.

I hereby give consent to Kids' Chance of Florida to use my name and likeness/my parent's name and likeness to advance the Kids' Chance of Florida Program, including but not limited to web sites, press releases, video footage, and any other promotional purposes. This may also include information to prospective donor groups, individuals, all media outlets, and any other organization furthering the goals of Kids' Chance of Florida.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Please list the names of all persons who assisted in the preparation of this document:

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