



Kids' Chance of Florida
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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 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 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.



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- 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

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Attach this completed checklist to your scholarship application packet. Items one (1) through eight (8) must be included with your application 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 Application. | _____ |
| _____ | 2. Completed Questionnaire. | _____ |
| _____ | 3. Signed Authorization Statement. | _____ |
| _____ | 4. Proof of Residency | _____ |
| _____ | 5. Most recent tax return. | _____ |
| _____ | 6. Proof that a parent was 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). | _____ |
| _____ | 7. Copy of applicant's Birth Certificate. | _____ |
| _____ | 8. Latest official school transcripts.
An official school transcript must be requested from your school with an official seal | _____ |
| _____ | 8. Two letters of recommendation from either a teacher, a supervisor, a community leader, a guidance counselor. | _____ |
| _____ | 9. Letter of acceptance to the school you will be attending with course schedule and your individual Student ID number. | _____ |
| _____ | 10. Contact information for Financial/Scholarship office, to include, physical address where scholarship benefits will be mailed, phone number, and e-mail address. | _____ |
| _____ | 11. Returning scholarship applicant must provide their Fall semester course schedule, prior semester GPA, and cumulative GPA. | _____ |

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Application

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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: _____

7. Names of Parents/Guardians: _____

8. Parents'/Guardians' Address (if different than students'): _____

9. Parents' e-mail: _____

10. Number of persons living in household: _____ How many are minors? _____

11. How did you hear about the Kids' Chance Program? _____

12. Injured or deceased parent:

a. Name: _____ b. Date of Birth: _____

c. Social Security Number: _____

d. Date of Injury: _____ Date of Death: _____

e. Nature and extent of injury: **"A qualifying disabling injury must result in the inability to engage in 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."**

f. Name, address and telephone number of injured person's employer:



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g. Workers' compensation insurance carrier of employer: _____

h. Florida Compensation claim number: _____

i. Name, address and telephone number of injured person's attorney or insurance adjuster:

j. Has the worker's compensation claim been settled? Yes _____ No _____

k. If so, provide any documentation, including settlement amount: _____

l. List all workers' compensation payments, disability insurance payments, and social security benefits:

m. Do you live with the injured person? Yes _____ No _____

n. Is other parent/guardian employed? Yes _____ No _____

o. If so, name and address of employer(s):

Academic Information:

1. Name and address of high school attended: _____

2. Names and addresses of schools, colleges or universities applied to:

3. Major Field of intended study: _____

4. Anticipated college, university or school graduation date: _____

5. What are your anticipated education costs for the upcoming school year? _____

6. Career Objective: _____



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7. How will you finance your education? Please list all sources of income including loans, grants, scholarships, employment, savings, and parental or family contributions: _____

8. Do you plan to live at home or on campus? _____

9. Employment during school include approximate number of hours per week: _____

10. Other circumstances which you feel the Kids' Chance Committee should know in reviewing your request:

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: _____



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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: _____

2. Household Expenses – Monthly Average:

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: _____

3. Household Assets (Value of Assets)

a. Cash on hand or in banks: _____

b. Stocks, bonds, notes: _____

c. Real Estate:



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1. Home:	_____
2. Other:	_____
d. Automobiles:	_____
e. Other personal property (please itemize):	_____
_____	_____
_____	_____
f. Amounts received from settlements, judgments, etc.:	_____
Total Assets:	_____
4. Household Liabilities (Balance Owed):	
a. Credit Union or bank:	_____
b. Real estate mortgage:	_____
c. Automobile loans:	_____
d. Credit card debt:	_____
e. Other notes or loans (please itemize):	_____
_____	_____
_____	_____
Total Liabilities:	_____



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Questionnaire

Name of Applicant _____ Date: _____

Please attach a separate page if necessary and type or print clearly. This information may be used for publicity for the Kids' Chance of Florida Scholarship Program.

1) Describe the nature and extent of the accident and any ongoing injuries in detail:

2) List your honors, achievements and accomplishments:

3) Explain your goals and career plans:

4) How will Kids' Chance help you achieve your goals?

5) How have your special circumstances (death of a parent or loss of parent's livelihood) affected the achievement of your goals? How have you overcome these circumstances and triumphed in your life?



Authorization

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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 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 in order 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:
