



**2017 SCHOLARSHIP PROGRAM
Eligibility and Application Procedures**

Kids' Chance of Arkansas is a program designed to provide scholarships to dependent children of workers who have been killed or become permanently and totally disabled from a compensable Arkansas workers' compensation injury or accident. The injury or death of the parent must have resulted in a decrease in family earnings, which creates an impediment to the continuation of the applicant's education.

BASIC APPLICANT ELIGIBILITY REQUIREMENTS:

- Be unmarried and at least sixteen years of age and no older than twenty-two years of age at the time of application
- Demonstrate good academic achievement and aptitude
- Be a current full-time student in a post-secondary educational program or have applied for entrance as a full-time student

COMPLETE APPLICATION PACKAGE CHECKLIST:

- Kids' Chance of Arkansas 2017 Scholarship Application, Financial Statement, and Attestation/Authorization Statement.***

Note: The Worksheet is a tool for completing the Financial Statement only and should not be returned with the application. Social Security statements and Income Tax forms are not required.

- Transcript**

College Freshmen only: Submit a transcript verifying grades for the Fall 2016 term.

All Other Applicants: Submit a **full** post-secondary career **transcript** that includes the Fall 2016 grades.

Note: If the transcript is being mailed directly by the school, the transcript must be **received** by the application deadline of May 15, 2017. Official transcripts are not required; photocopies of transcripts are acceptable.

- Narrative:** Submit typed, double-spaced narrative, not exceeding two pages, describing 1) the circumstances of the work-related injury/death of their parent/guardian; 2) academic and career aspirations; and, 3) biggest challenge in attending college and plans to overcome it.
- Written Recommendation/Character Reference:** Submit a written recommendation/character reference from a supervisor, coworker, community leader, teacher, or counselor.
- Photograph** (For promotional and advertising purposes.)

MAILING INFORMATION:

*****CHANGE IN DEADLINE FOR SUBMISSION*****

Place all of the above materials in the same 9" x 12" (or larger) envelope and mail to the address below. It is recommended that the application be sent by registered or certified mail. *****The complete application package must be received no later than May 15, 2017.*** Incomplete or late application packages will not be considered.** Applications will be evaluated and recipients selected no later than July 1, 2017, with notification to recipients no later than July 3, 2017.

Kids' Chance of Arkansas Scholarship Board
P. O. Box 250249
Little Rock, AR 72225-0249

Toll-Free Telephone Number: 1-866-880-8444

Kids' Chance of Arkansas scholarships are made possible by charitable donations and excess funds generated from the annual AWCC Educational Conference, as provided by Act 1757 of 2001. The Kids' Chance program is similar to programs in several other states, all based upon a concept originated in Georgia. It brings together employers, insurers, employee groups, and others involved in workers' compensation matters to provide assistance for education to qualifying dependents.



FINANCIAL STATEMENT

2016 INCOME FOR APPLICANT

Applicant's 2016 Adjusted Gross Income from IRS Form \$ _____

Applicant's Income Tax for 2016.. \$ _____

Total (Subtract total tax amount from adjusted gross income).. \$ _____

Workers' Compensation Death/Disability Benefits (bi-weekly \$ _____ x 26 weeks) \$ _____

Other Income Not Reported on 2016 IRS Tax Form (If more room is needed, use back of this form.):
 _____ \$ _____

Anticipated Reduction/Addition in Income for 2016. \$ _____

Federal or State Financial Assistance (such as welfare).. \$ _____

TOTAL INCOME (2016) FOR APPLICANT...... \$ _____

TOTAL ASSETS OF APPLICANT (As listed on Worksheet). \$ _____

TOTAL LIABILITIES OF APPLICANT (As listed on Worksheet)...... \$ _____

TOTAL MONTHLY EXPENSES OF APPLICANT (As listed on Worksheet)...... \$ _____

2016 INCOME FOR PARENT(S)

Parent(s) 2016 Adjusted Gross Income from IRS Form.. \$ _____

Parent(s) Income Tax for 2016.. \$ _____

Total (Subtract total tax amount from adjusted gross income).. \$ _____

Workers' Compensation Death/Disability Benefits (bi-weekly \$ _____ x 26 weeks).. \$ _____

Other Income Not Reported on 2016 IRS Tax Form (If more room is needed, use back of this form.):
 _____ \$ _____

Anticipated Reduction/Addition in Income for 2016. \$ _____

Federal or State Financial Assistance (such as welfare).. \$ _____

TOTAL INCOME (2016) FOR PARENT(S). \$ _____

TOTAL ASSETS OF PARENT(S) (As listed on Worksheet). \$ _____

TOTAL LIABILITIES OF PARENT(S) (As listed on Worksheet)...... \$ _____

TOTAL MONTHLY EXPENSES OF PARENT(S) (As listed on Worksheet)...... \$ _____

CONTINGENT LIABILITY INCOME/AWARDS

Is applicant or parent(s) currently a plaintiff/claimant in a lawsuit from which additional income or a settlement may be awarded?
 (Check One) YES NO

If yes, explain: _____

2017 Scholarship Application
Application must be received no later than May 15, 2017.

Applicant's Name: _____ Date of Birth: _____
Address: _____ Social Security #: _____
_____ E-mail Address: _____
Telephone #: _____ Cell #: _____

Injured or Deceased Parent: _____ Social Security #: _____
Employer: _____ Date of Injury: _____
Date of Death: _____ WCC Claim #: _____

Living Parent(s): _____ Telephone #: _____
Address: _____ Employer: _____
_____ Work Telephone #: _____
E-mail Address: _____ Cell #: _____
in Household: _____ # of Minor Children: _____ # Currently Pursuing a Post-Secondary Education: _____

School Planning to Attend: _____ City, State: _____
Application Submitted (Check One): Yes No Enrollment Acceptance (Check One): Yes No
Major Field of Intended Study: _____
Education Financed by (check all that apply and indicate amounts): Loans \$ _____ Grants \$ _____
List ALL Academic and Private Scholarships with Amounts Awarded for Fall 2017 (Use back of form if needed): _____

Living Arrangements for Fall 2017 (Check One): Home On-Campus Off-Campus
Will you be employed during the 2017-18 school year? (Check One): Yes No If yes, specify type of work and approximate number of hours per week: _____

List any special circumstances the Board of Directors should be aware of when considering your application _____

Anticipated Financial Needs for 2017-18 School Year: Tuition. \$ _____
Books. \$ _____
Living Expenses. \$ _____
TOTAL \$ _____

Applicant's Signature _____ Date _____



ATTESTATION/AUTHORIZATION STATEMENT

I understand that scholarships granted by Kids' Chance of Arkansas are benevolent awards and these are made on the basis of the funds available to the Kids' Chance of Arkansas organization. I further understand that the election of the recipients of Kids' Chance scholarships is a determination made solely by Kids' Chance and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance scholarship awards, as well as the amounts of any such awards and I am in no way legally entitled to any scholarship, award, or grant on the basis of this application.

I hereby certify that the information contained in this application is true and correct. I hereby give consent to Kids' Chance of Arkansas to verify contents of my scholarship application and attachments.

I hereby give consent to Kids' Chance of Arkansas to use my name and likeness/my child's name and likeness to advance the charity's purpose and reporting requirements. This includes information to prospective donor groups and individuals to further the goals of Kids' Chance of Arkansas.

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Date: _____



Kids' Chance of Arkansas
P. O. Box 250249
Little Rock, AR 72225-0249

STUDENT MEDIA RELEASE AND CONSENT FORM

Student Name: _____

I hereby give my consent to Kids' Chance of Arkansas, and its representatives and authorized media organizations, permission to photograph, videotape, and/or voice record me, and that my name, image, likeness and voice may be used in Kids' Chance of Arkansas approved photographs, videos, publications, internet, news and social media and web pages for special projects and publicity.

I am also fully aware that I will not receive any monetary compensation for the rights granted herein. I further release and agree to hold harmless Kids' Chance of Arkansas, its Board of Directors and any other representatives, from all claims, demands, and liabilities whatsoever in connection with the rights granted herein. I have reviewed this document with my parent/guardian and their signature below reflects their agreement with all of the terms and conditions of this Release and Consent Form.

Throughout the year, students may be highlighted in efforts to promote Kids' Chance of Arkansas activities and achievements. I hereby give consent to use my name and likeness/my child's name and likeness to advance the charity's purpose and reporting requirements. This includes information to prospective donor groups and individuals to further the goals of Kids' Chance of Arkansas.

I certify that I have read the Student Media Release and Consent Form and fully understand its terms and conditions.

Signature of Parent/Guardian: _____

Address: _____

City, State, Zip Code: _____

Date: _____

Signature of Applicant: _____

Address: _____

City, State, Zip Code: _____

Date: _____

FINANCIAL WORKSHEET FOR APPLICANT - DO NOT SUBMIT WITH APPLICATION

ASSETS OF APPLICANT - Value of Assets	
Cash on Hand or in Financial Institution.	\$ _____
Stocks, Bonds, Notes.	\$ _____
Real Estate.	\$ _____
Automobiles.	\$ _____
Other Personal Property (boats, ATVs, RVs, etc.)....	\$ _____
APPLICANT'S TOTAL ASSETS.	\$ _____

<u>APPLICANT'S EXPENSES - MONTHLY</u>	
Rent/House Payment.	\$ _____
Food.	\$ _____
Clothing.	\$ _____
Incidentals.	\$ _____
Medical & Dental (not covered by insurance).	\$ _____
Motor Vehicle Payments (car, truck, motorcycle, etc.).	\$ _____
Vehicle Expense (including gas and oil).	\$ _____
Recreation.	\$ _____
Health Insurance.	\$ _____
Home and/or Auto Insurance.	\$ _____
Personal Property and/or Real Estate Taxes.	\$ _____
Utilities.	\$ _____
Child Support Payments Made to Children Not Residing in Applicant's Household.	\$ _____
Other Expenses.	\$ _____
APPLICANT'S TOTAL MONTHLY EXPENSES.	\$ _____

<u>APPLICANT'S LIABILITIES - (Balance Owed)</u>	
Financial Institution or Personal Loans.	\$ _____
Real Estate Mortgage.	\$ _____
Automobile Loans.	\$ _____
Credit Cards.	\$ _____
Other Expenses.	\$ _____
APPLICANT'S TOTAL LIABILITIES.	\$ _____

FINANCIAL WORKSHEET FOR PARENT(S) - DO NOT SUBMIT WITH APPLICATION

ASSETS OF PARENT(S) - Value of Assets

Cash on Hand or in Financial Institution.	\$ _____
Stocks, Bonds, Notes.	\$ _____
Real Estate.	\$ _____
Automobiles.	\$ _____
Other Personal Property (boats, ATVs, RVs, etc.).. . . .	\$ _____
PARENT'S TOTAL ASSETS.	\$ _____

PARENT'S EXPENSES - MONTHLY

Rent/House Payment.	\$ _____
Food.	\$ _____
Clothing.	\$ _____
Incidentals.	\$ _____
Medical & Dental (not covered by insurance).	\$ _____
Motor Vehicle Payments (car, truck, motorcycle, etc)..	\$ _____
Vehicle Expense (including gas and oil).	\$ _____
Recreation.	\$ _____
Health Insurance.. . . .	\$ _____
Home and/or Auto Insurance.	\$ _____
Personal Property and/or Real Estate Taxes.. . . .	\$ _____
Utilities.. . . .	\$ _____
Child Support Payments Made to Children Not Residing in Applicant's Household.	\$ _____
Other Expenses.. . . .	\$ _____
PARENT'S TOTAL MONTHLY EXPENSES.	\$ _____

PARENT'S LIABILITIES - (Balance Owed)

Financial Institution or Personal Loans.	\$ _____
Real Estate Mortgage.	\$ _____
Automobile Loans.	\$ _____
Credit Cards.	\$ _____
Other Expenses.. . . .	\$ _____
PARENT'S TOTAL LIABILITIES.	\$ _____