



**2018 - 19 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 2018 Scholarship Application, Financial Statement with completed worksheets, Media Consent / Release and Attestation/Authorization Statement.***

**Transcript**

*High School Graduates only:* Submit a transcript verifying grades for the Fall 2017 term, **including ACT score.**

*All Other Applicants:* Submit a **full** post-secondary career **transcript** that includes the Fall 2017 grades.

**Note:** If the transcript is being mailed directly by the school, the transcript must be **received** by the application deadline of May 15, 2018. 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:** Submit a photograph for promotional and advertising purposes. Head and shoulders color photograph preferred.

**MAILING INFORMATION:**

**\*\*\*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, 2018.\*\*\* Incomplete or late application packages will not be considered.** Applications will be evaluated and recipients selected no later than July 1, 2018, with notification to recipients no later than July 3, 2018.

***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.

2018-19 Scholarship Application

Application must be received no later than May 15, 2018.

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 2018 (Use back of form if needed): \_\_\_\_\_

Living Arrangements for Fall 2018 (Check One):  Home  On-Campus  Off-Campus  
 Will you be employed during the 2018-18 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 2018-19 School Year:	Tuition. ....	\$ _____
	Books. ....	\$ _____
	Living Expenses. ....	\$ _____
	TOTAL \$ _____	

\_\_\_\_\_  
 Applicant's Signature Date

FINANCIAL STATEMENT

FORM MUST BE COMPLETED IN ITS ENTIRETY

**2017 INCOME FOR APPLICANT**

Applicant's 2017 Adjusted Gross Income from IRS Form ..... \$ \_\_\_\_\_  
Applicant's Income Tax for 2017..... \$ \_\_\_\_\_  
Total (Subtract total tax amount from adjusted gross income)..... \$ \_\_\_\_\_  
Workers' Compensation Death/Disability Benefits (bi-weekly \$ \_\_\_\_\_ x 26 weeks) ..... \$ \_\_\_\_\_  
Other Income Not Reported on 2017 IRS Tax Form (If more room is needed, use back of this form.):  
..... \$ \_\_\_\_\_  
Anticipated Reduction/Addition in Income for 2017..... \$ \_\_\_\_\_  
Federal or State Financial Assistance (such as welfare)..... \$ \_\_\_\_\_  
TOTAL INCOME (2017) 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)..... \$ \_\_\_\_\_

**2017 INCOME FOR PARENT(S)**

Parent(s) 2017 Adjusted Gross Income from IRS Form..... \$ \_\_\_\_\_  
Parent(s) Income Tax for 2017..... \$ \_\_\_\_\_  
Total (Subtract total tax amount from adjusted gross income)..... \$ \_\_\_\_\_  
Workers' Compensation Death/Disability Benefits (bi-weekly \$ \_\_\_\_\_ x 26 weeks)..... \$ \_\_\_\_\_  
Other Income Not Reported on 2017 IRS Tax Form (If more room is needed, use back of this form.):  
..... \$ \_\_\_\_\_  
Anticipated Reduction/Addition in Income for 2017..... \$ \_\_\_\_\_  
Federal or State Financial Assistance (such as welfare)..... \$ \_\_\_\_\_  
TOTAL INCOME (2017) 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: \_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL WORKSHEET FOR APPLICANT - MUST BE SUBMITTED 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. . . . .	\$ _____

**APPLICANT'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. . . . .	\$ _____
APPLICANT'S TOTAL MONTHLY EXPENSES. . . . .	\$ _____

**APPLICANT'S LIABILITIES - (Balance Owed)**

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

**FINANCIAL WORKSHEET FOR PARENT(S) - MUST BE SUBMITTED 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. . . . . \$ \_\_\_\_\_



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

**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  
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**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: \_\_\_\_\_