



## **KIDS' CHANCE Scholarship**

### **Criteria**

- Must be between the ages of 16 – 25 years old
- Must have a high school diploma, GED or a high school student in good standing (who will graduate in the current academic year)
- Must be a resident of the state of Nebraska at the time of initial application.
- Applicants must have at least one custodial parent, step-parent or legal guardian who has been killed or sustained injuries that have had a significant adverse effect on family income in a work-related accident that has been documented and accepted as compensable or found to be compensable by the Nebraska Workers' Compensation Court.
- Applicants may be eligible for the equivalent of 4 consecutive traditional years (8 traditional semesters) of scholarship award.
- Proceeds must be used for tuition, fees or room and board only (will be paid directly to the institution).
- Prior to award of the scholarship, applicant must demonstrate that they meet the minimum criteria for acceptance to the institution to which they have applied. This can be accomplished by either submitting the formal acceptance letter from the institution, or providing documentation (transcripts, tests scores) meeting the institution's minimum admission criteria.
- Scholarship awards are contingent on availability of funds and may be renewed

### **Required Supporting Materials**

- Completed Application
  - Two letters of recommendation from someone other than a relative
  - Narrative (2 page maximum) describing parent's work-related accident, its personal/economic impact on you and your family, and why the scholarship will help you attain your educational goals.
  - Copy of First Report of Injury
  - Copy of completed FAFSA
- If possible: Student Aid Report (SAR) from FAFSA processing center; Financial Aid Award letter and Student Account Statement from educational institution.

**Mail Completed Application and Supporting Materials to: Kids' Chance of Nebraska c/o Dave Poppert  
988490 Nebraska Medical Center, Omaha, NE 68198-8490 (Application must be received by April 15, 2016)**



## KIDS' CHANCE Scholarship Application

### Student Information

1. Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Address \_\_\_\_\_
4. City/State/Zip \_\_\_\_\_
5. Social Security Number \_\_\_\_\_ 5A. Home Phone Number \_\_\_\_\_
- 5B. E-mail \_\_\_\_\_
6. Parent's Names \_\_\_\_\_  
Parent's Address \_\_\_\_\_  
(if different than students')
7. Number of family members living at home dependent upon the injured or deceased parent \_\_\_\_\_
8. Injured or deceased parent
  - a. Name \_\_\_\_\_
  - b. Social Security Number \_\_\_\_\_
  - c. Date of Injury \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Nature and extent of injury \_\_\_\_\_
  - d. Name address and telephone number of employer \_\_\_\_\_
  - e. Workers' Compensation insurance carrier of employer \_\_\_\_\_
  - f. Name of attorney representing injured parent \_\_\_\_\_
  - g. At the present time, is there a Workers' Compensation action pending? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain \_\_\_\_\_
  - h. Is injured parent currently working \_\_\_\_ Yes \_\_\_\_ No
9. Is other parent employed? \_\_\_\_ Yes \_\_\_\_ No

## Academic Information

1. If you are currently a high school senior, please list the educational institution(s) you have applied to:

School: \_\_\_\_\_ Admitted: Yes \_\_\_ No \_\_\_ Pending \_\_\_

School: \_\_\_\_\_ Admitted: Yes \_\_\_ No \_\_\_ Pending \_\_\_

School: \_\_\_\_\_ Admitted: Yes \_\_\_ No \_\_\_ Pending \_\_\_

School: \_\_\_\_\_ Admitted: Yes \_\_\_ No \_\_\_ Pending \_\_\_

Applicant must submit the formal acceptance letter from the institution, or provide documentation (transcripts, tests scores) demonstrating they meet the institution's minimum admission criteria.

2. Type of educational institution you plan on attending or are currently enrolled in (check one below):

\_\_\_\_\_ College/University (four year undergraduate degree)

\_\_\_\_\_ Junior/Community College (two year undergraduate degree)

\_\_\_\_\_ Trade/Vocational school

3. Name and address of educational institution you are attending (if currently enrolled):

\_\_\_\_\_

4. Please list the annual costs of attendance if currently enrolled. If not, list the name and annual estimated costs of the school you intend to enroll in:

Tuition \_\_\_\_\_ Room and Board \_\_\_\_\_ Books \_\_\_\_\_

5. Major field of intended study: \_\_\_\_\_

6. Career objective: \_\_\_\_\_

7. Extracurricular/school activities (attach additional Sheet if needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Current cumulative grade point average \_\_\_\_\_ ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

## Financial Information

You must submit the Free Application for Federal Student Aid (FAFSA) to complete the Kids' Chance Scholarship Application. You should have received a Student Aid Report (SAR). What amount is listed as your "Expected Family Contribution" or EFC? \$ \_\_\_\_\_. Please submit a copy of the EFC statement page with this application.

Have you received a Financial Aid Award Letter from your educational institution's financial aid office?

\_\_\_\_\_ Yes \_\_\_\_\_ No **IF RECEIVED, ATTACH A COPY.**

Litigation Income/Awards (REQUIRED TO PROCESS APPLICATION):

1. Has any family member been awarded income as a result of a lawsuit or a workers' compensation settlement?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is any family member currently a plaintiff/claimant in a lawsuit or workers' compensation claim from which additional income or settlement may be awarded?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either question, please explain:

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### Other Scholarship/Grant Information

1. Other types of scholarships or financial aid you have applied for:

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2. Are you currently or will you be receiving any other scholarship or financial aid including student loans and grants? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify and state the amount for each:

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3. Other circumstances which you feel the KIDS' CHANCE Committee should know in reviewing the Scholarship request? \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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