

Kids' Chance of Texas

Do you qualify?

- Must be 16 to 25 years old during the semester for which the scholarship is awarded
- Dependent of a parent who was catastrophically or fatally injured in a work-related accident
- Enrolled as a full-time student at a university, college or technical school

Student Expectations

The sole mission of Kids' Chance of Texas is to create and support scholarship programs that provide educational opportunities for kids in Texas, who have had a parent severely or fatally injured while in the course and scope of their job. Eligibility for scholarships is limited to five undergraduate academic years. All applications are subject to review by the Kids' Chance of Texas Scholarship Committee and all scholarship awards are contingent upon availability of funds.

Here is what we expect in return from "our kids":

- Prompt response to requests made by the Kids' Chance office; **communication is key.**
- Kids' Chance awards educational scholarships; therefore students must maintain at least a **2.0 cumulative grade point average.**
- Kids' Chance does not fund part-time students. Students must be registered for at least **12 hours** each semester/quarter, unless otherwise approved.
- Notification of dropped university, college or technical school classes **at the time you withdraw**, not at the end of the semester/quarter.
- At the **end of each semester/quarter**, students are required to send in their grades for the current term and their schedule for the upcoming term. **No funding will be provided without this information.**
- Prompt notification to the Kids' Chance office if a financial settlement is reached or additional compensation is received from the injured parent's employer/insurance company.
- Kids' Chance requires that each student be available, if requested, to attend **at least one** fundraising function each school year. This may include special events, such as a golf or tennis tournament, or you may be called upon to attend a seminar or banquet. Kids' Chance relies solely on our volunteers and supporters and they want to meet the students they work so hard for all year long. It's extremely important that the students show their appreciation and give back to the organization.

Kids' Chance of Texas

Questions & Answers

What is Kids' Chance of Texas? Kids' Chance of Texas is an educational scholarship program that began in 2015 for the children of workers who have been catastrophically or fatally injured in work-related accidents. Kids' Chance of Texas' mission is to create and support scholarship programs that provide educational opportunities for kids in Texas, who have had a parent severely or fatally injured while in the course and scope of their job.

Who is eligible for a scholarship? A student, between the ages of 16 and 25, whose parent has been permanently, catastrophically or fatally injured in an employment-related accident is eligible. To qualify for a Kids' Chance of Texas scholarship, the worker must have been injured while working for a Texas employer.

What is the criteria for scholarship? The parent's death or injury must have resulted in a substantial decline in family income, and the student must meet the scholarship guidelines set by Kids' Chance of Texas.

When may a student apply for a scholarship? Students must submit an application one month before the tuition deadline of the school year for which they are applying.

What is the duration of a scholarship? The scholarship is for one academic year, not to exceed five academic years total. The applicant must meet the scholarship requirements at the end of each semester/quarter to continue funding.

What can be funded by a scholarship? A scholarship award varies for university, college or technical school and depends on the needs and expenses of the individual student. An award supplements other scholarships and grants. Funds may be used for educational necessities such as tuition, books, fees, housing or meal plans.

How can one make a tax deductible donation or volunteer to help? Online donations are accepted through our web site or you can contact our office for more information

Where can one obtain an application? Applications can be printed off of our web site.

Kids' Chance of Texas

Eligibility and Application Requirements

Basic Eligibility Requirements

- At least 16, but not more than 25 years old.
- Dependent of a parent who was seriously, catastrophically, or fatally injured in a work-related accident.
- Enrolled as a full-time student at a college, university or technical school.
- Applications must be submitted at least one month before the tuition deadline of the school year for which they are applying.

Complete Application Package Checklist

- Completed Kids' Chance of Texas, Inc. scholarship application
- Most current academic transcript (unofficial transcripts are accepted).
- Evidence you are the dependent of the deceased worker (e.g. birth certificate with deceased worker's name listed as parent, W2 of the deceased worker for the year prior to accident listing the scholarship applicant as a dependent)
- Evidence of student expenses (e.g. tuition and fee bill, room and board invoice, preferably for upcoming semester or year; if not, submit the previous semester's receipts)
- Copy of Student Aid Report (SAR) you received from FAFSA stating the Expected Family Contribution (EFC).
- Copy of the injured parent's DWC-1 Employers First Report of Injury or Illness.
- Most recent case manager and/or physician report describing the present medical status of the injured parent.
- Death Certificate for a deceased parent (if applicable).
- One of the following (depending on the circumstances of the workplace accident)
 - Copy of PLN-04 Notice Regarding Eligibility for Lifetime Income Benefits, or
 - Copy of PLN-05 Notice of First Death Benefit Payment, or
 - Written explanation of workplace accident and resulting injuries.
- Biography from the applicant to include descriptions of their educational goals and how Kids' Chance can help them achieve success. (250-500 words)
- Two current letters of recommendation from non-relatives (teachers, counselors, pastor, etc.)
- Recent digital photograph of the applicant. (Label and email photo only to)

PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

Kids' Chance of Texas
PO Box 30111
Austin, TX 78731
information@kidschanceoftexas.org

If you have any questions or need assistance completing your application, please contact:
Lynette Caldwell at lcalldwell@texasmutual.com or Faye Bracey at fayebracey@yahoo.com

Kids' Chance of Texas

Scholarship Application

Application Type (please check one): NEW RETURNING STUDENT

Please mail your completed application along with supporting documents to Kids' Chance in a **9 ½ x12 or larger envelope**. Please do NOT fold or staple the application and supporting documents together. Kids' Chance does not accept applications by fax for email.

Section A: STUDENT APPLICANT INFORMATION

Name: _____			
First	Middle	Last	
Present Address: _____			
Address			
City	State	Zip	County
Home Telephone: _____ Cell Phone: _____ Email: _____			
Age: _____	Date of Birth: _____ / _____ / _____	Social Security #: _____ - _____ - _____	
	M D YR		

Section B: FAMILY INFORMATION

Father's Name: _____		Mother's Name: _____	
Parents' Address (if different than above): _____			
City	State	Zip	
Parents' telephone: _____ How many residing in Household: _____ Less than 18 years old: _____			
Parent's Email Address: _____		Parent's Cell Phone: _____	
Is uninjured/surviving parent employed? Yes _____ No _____ If yes, Full – time or Part – time? (Please circle one)			
If yes, name of employer: _____ Telephone number: _____			
Address			

Section C: INJURED/DECEASED PARENT INFORMATION

Parents' name _____

First

Last

Relationship

Social Security #: _____ - _____ - ____

Nature: _____ Work related injury

_____ Death related to work injury

Date of Injury or death:

____/____/____
M D YR

Employer's Name:

Workers' Comp. Claim/File #: _____

Is **injured** parent currently employed? Yes _____ No _____ If yes, Full – time or Part – time? (Please circle one)

Section D: ACADEMIC INFORMATION

Name of school applicant is **currently** attending:

Type of educational institution (check one below):

- _____ College/University (four year undergraduate degree)
- _____ Junior/Community college (two year undergraduate degree)
- _____ Trade/Vocational school
- _____ High School

If attending college, please list major or area of study: _____

Current GPA: _____

Will you be attending your current school for the 2016 – 2017 academic year? Yes _____ No _____

If no, please list the school you will be attending for the 2016 – 2017 academic year: _____

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 _____

In the **Fall of 2016**, you will be a: Freshman _____ Sophomore _____ Junior _____ Senior _____

What year do you expect to graduate? _____ Estimated Annual Tuition \$ _____

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.

Please list all scholarships or other financial aid and the amounts you expect to receive for the 2016 – 2017 academic year:

Will you be employed while attending school? Yes _____ No _____ If yes, Full – time or Part – time? (Please circle one)

Anticipated Employment: _____ Anticipated Annual Earnings: \$ _____

Section E: FAMILY INCOME

Family Income

Monthly Average

- 1. Workers' Compensation: \$ _____

- 2. Disability Insurance: \$ _____

- 3. Income from Employment: \$ _____

- 4. **TOTAL** income per month of **injured parent**: \$ _____

- 5. **TOTAL** income per month of injured or deceased worker's **SPOUSE**: \$ _____

- 6. Other financial assistance from any state or federal agency: \$ _____

- 7. Child support payments received for any child residing in house of applicant: \$ _____

- 8. Any additional income from injured worker or their dependents residing in same household as applicant:
Name/Relationship: _____ Income Amount: _____ \$ _____
Name/relationship: _____ Income Amount: _____ \$ _____

- 9. Any other income not listed above (litigation settlement, lottery—please specify):
_____ \$ _____

- TOTAL MONTHLY FAMILY INCOME** (Add lines 4– 9): \$ _____

Please explain in detail any anticipated future changes in family income:

Section F: FAMILY EXPENSES

Family Expenses

Monthly Average

- 1. Rent or Mortgage payment (include monthly property taxes, insurance, etc.): \$ _____

- 2. Utilities (include power, telephone, cable, water, etc.): \$ _____

- 3. Car payment/s (include car insurance): \$ _____

- 4. Household Expenses (include food, auto gas, entertainment, etc.): \$ _____

- 5. Out of pocket medical expenses (not covered by insurance or workers' compensation): \$ _____

- 6. Child support payments made to children not residing in applicant's household: \$ _____

- 7. Any other monthly expenses (credit cards, loans, etc.)
Expense Type: _____ \$ _____
Expense Type: _____ \$ _____
Expense Type: _____ \$ _____

- TOTAL MONTHLY FAMILY EXPENSES** (Add lines 1-7): \$ _____

Please explain in detail any anticipated future changes in family expenses:

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: _____

Section G: Authorization Statement

I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Scholarship Applicant

Date

Signature of Parent/Guardian/Other Person Assisting in the Completion of Application

Date

PLEASE READ CAREFULLY:

I hereby apply for a scholarship from Kids' Chance of Texas, Inc. I understand that scholarships granted by Kids' Chance of Texas, Inc. are benevolent awards and these are made on the basis of funds available to the Kids' Chance of Texas, Inc. organization. I further understand that the election of the recipients of Kids' Chance of Texas, Inc. scholarships is a determination made solely by Kids' Chance of Texas, Inc. and its Board of Directors and that it is totally up to their discretion who shall receive Kids' Chance of Texas, Inc. scholarship awards, as well as the amounts of any such awards and terms thereof, and that I am in no way legally entitled to any scholarship, award, or grant on the basis of this application. If an award or other payments is granted to me, I am in no way legally entitled to any continuation or renewal thereof. Eligibility for scholarships is limited to five academic years from the first post-high school award, not to include graduate studies. All applications are subject to review by the Scholarship Committee and Board of Directors.

I hereby consent for Kids' Chance of Texas, Inc., its agents, employees or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution or other entity. I agree to send a copy of each term's grades to Kids' Chance of Texas, Inc. as soon as practical at the end of the term. I understand that any intentionally false or misleading information I have submitted on this application will result in immediate rejection, cancellation of award and/or return of expended funds.

It is the policy of Kids' Chance to safeguard personal, health, employment and financial information. Kids' Chance does not sell contact information or share information with outside organizations or agencies. However, if a scholarship is awarded, I hereby grant Kids' Chance of Texas, Inc. to use my name and likeness/my child's name and likeness, the content of biographical statements, descriptions of goals, the work injury incident and resulting injuries and residual, related disabilities provided in and with this application in materials used by Kids' Chance for its promotional purposes and its reporting requirements. This includes information provided to current and prospective donor groups and individuals to further the mission of Kids' Chance of Texas, Inc.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Where did you learn about Kids' Chance? Internet search ____ High School Guidance Counselor ____
Referral from lawyer, case manager, etc. ____ If referred, please list your referral source and their contact information: