**[](https://www.kidschanceca.org/)**

**SCHOLARSHIP APPLICANT SCREENING TOOL 2020/2021**

*Please complete this form as you review the student’s completed application. The purpose of this form is to serve as a worksheet for your presentation to the Scholarship Committee, as well as documentation of our process for review*

**APPLICANT NAME:** Click or tap here to enter text.

**SCREENER:** Click or tap here to enter text.

**DATE OF REVIEW:** Click or tap here to enter text.

1. Financial Screening Complete *(see notes from screener)*   YES  NO

1. Demonstrated Financial Need *(see notes from screener)*  YES  NO
2. Confirmation of accepted CA Workers Comp claim  YES  NO
3. Brief Summary of Applicant “story” *(description of social situation and resulting need)*

Click or tap here to enter text.

1. Academic Plan *(include school acceptance and future plans )*

Click or tap here to enter text.

1. Summary of Goal Statement

Click or tap here to enter text.

1. Summary of Letters of Recommendations *(if provided)*

Click or tap here to enter text.

1. Screener Recommendation to Committee

Click or tap here to enter text.

NOTES: Click or tap here to enter text.