

Scholarship Re/Application Checklist

- Complete and sign this Kids' Chance of CA Scholarship Re/Application
- Submit current academic transcript/proof enrollment status
- Include documentation (if applicable) of change in status of parent's workers' compensation claim
- Completed Financial Aid Release Form
- Write a brief essay on how you have benefitted from your Kids' Chance of CA scholarship

Please Submit the Completed Re/Application and Supporting Documents to:

Kids' Chance of California, Inc.
Attn: Scholarship Committee
3121 Park Avenue, Suite C
Soquel, CA 95073

or email to:

scholarships@kidschanceca.org

Deadline: May 15

If you have any questions or need assistance completing the re/application, please contact:

415-877-KIDS (5437)

or email scholarships@kidschanceca.org

Name: _____

Address: _____

Where you want to receive official notifications regarding your application request? Please provide all contact information below

Home Phone: _____ Cell Phone/Text: _____ Email: _____

Preferred way to be contacted: _____

Date of Birth (MM/DD/YYYY): _____

Academic Level: Freshman Sophomore Junior Senior

Expected Graduation Date: _____

School Attending: _____ Major: _____

Enrollment status/any change in circumstances (transfers, increase/decrease # of credits) and why:

Has there been any change in the work status of your injured parent and/or your parent's worker's compensation claim since the last time you applied?

Yes No

If yes, please explain and provide documentation: _____

By my signature below, I declare under penalty of perjury that the foregoing statement(s), including my accompanying statements and/or documentation is to the best of knowledge and belief, true, correct, and complete.

Signature: _____ Date: _____

Signature of parent/guardian (if under 18): _____

Please note: Applications are only considered submitted when all required documentation has been received by Kids Chance of California, Inc.

For Office Use Only:

Year/Amount of received KCOCA Scholarships: Amount: _____ Year: _____

Financial Aid Release Form

Kids' Chance California, 3121 Park Avenue, Suite C, Soquel, CA 95073
Phone: 415-877-KIDS (5437) | Web: <http://kidschanceca.org/> | Email: scholarships@kidschanceca.org

TO BE COMPLETED BY THE STUDENT

Submitting this form does not guarantee that the student will receive funding.

First name: _____ Last name: _____

Student ID: _____ Phone No.: _____ Last 4 digits of Social Security No.: _____

Do you plan to enroll full-time for the academic year? Yes No, I plan to enroll in ____ Fall credits and ____ Spring credits

Student signature release: _____ Date: _____

I have applied for a Kids' Chance California scholarship for the academic year to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to Kids' Chance California, Inc.

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

Please provide the requested financial aid information based on the student's reported enrollment plans above.

School Name: _____

Campus Location: _____

Calendar System: Semester Trimester Quarter

Current Fall Credits Enrolled: _____ Current Spring Credits Enrolled: _____

Has student submitted a FAFSA? Yes No

Federal Expected Family Contribution: \$ _____

Institutional Expected Family Contribution: \$ _____

Yearly Cost of Attendance*: \$ _____

*As defined by the U.S. Higher Education Act of 1965, to include tuition, fees, room, board, transportation, books, supplies, etc.)

Pell Grant Amount Offered: \$ _____

If Pell Grant not available, please indicate reason: EFC Too High Not Meeting SAP Other

Does this student meet Satisfactory Academic Progress? Yes No

Maximum amount student can receive before institutional grant is reduced: \$ _____

Total amount of Gift Aid/Grants/Scholarships offered (Yearly Total only, including Pell Grant amount): \$ _____

Student's major: _____ Student's Cumulative GPA (not required if student is newly admitted): _____

Student's grade level (FR, SO, JR, SR): _____

Signature of Financial Aid representative: _____ Date: _____

Print Name: _____ Direct Phone: _____

Email: _____

PLEASE SUBMIT FORM TO:

Email: scholarships@kidschanceca.org, or

Mail to: Kids' Chance California, 3121 Park Avenue, Suite C, Soquel, CA 95073