



2012-13 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 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 eligible for high school or post-secondary program and applied for entrance

COMPLETE APPLICATION PACKAGE CHECKLIST:

- Kids' Chance of Arkansas 2012-13 Scholarship Application, Financial Statement, and Attestation/Authorization Statement.***
Note: The Worksheet is a tool for completing the Financial Statement only and should not be returned with the application.
- Transcript**
High School Students: Submit full high school career transcript that includes Fall 2011 grades. (A report card is acceptable for fall grades.) Provide ACT scores if not included on the transcript.
College Freshmen: Submit a transcript verifying grades for the Fall 2011 term.
All Other Applicants: Submit full post-secondary career transcripts that include the Fall 2011 grades.

Note: If the transcript is being mailed directly by the school, the transcript must be postmarked by the application deadline of May 15, 2012. 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** (For promotional and advertising purposes.)

MAILING INFORMATION:

- 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 postmarked no later than May 15, 2012. Incomplete or late application packages will not be considered.** Applications will be evaluated and recipients selected no later than July 1, 2012, with notification to recipients no later than July 3, 2012.

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.



FINANCIAL STATEMENT

2011 INCOME FOR APPLICANT

Applicant's 2011 Adjusted Gross Income from IRS Form	\$	
Applicant's Income Tax for 2011	\$	
Total (Subtract total tax amount from adjusted gross income)	\$	
Workers' Compensation Death/Disability Benefits (bi-weekly \$_____ x 26 weeks)	\$	
Other Income Not Reported on 2011 IRS Tax Form (If more room is needed, use back of this form.):		
.....	\$	
Anticipated Reduction/Addition in Income for 2012	\$	
Federal or State Financial Assistance (such as welfare)	\$	
TOTAL INCOME (2011) 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)	\$	

2011 INCOME FOR PARENT(S)

Parent(s) 2011 Adjusted Gross Income from IRS Form	\$	
Parent(s) Income Tax for 2011	\$	
Total (Subtract total tax amount from adjusted gross income)	\$	
Workers' Compensation Death/Disability Benefits (bi-weekly \$_____ x 26 weeks)	\$	
Other Income Not Reported on 2011 IRS Tax Form (If more room is needed, use back of this form.):		
.....	\$	
Anticipated Reduction/Addition in Income for 2012	\$	
Federal or State Financial Assistance (such as welfare)	\$	
TOTAL INCOME (2011) 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: _____

WORKSHEET FOR APPLICANT

ASSETS OF APPLICANT - Value of Assets

Cash on Hand or in Financial Institution	\$ _____
Stocks, Bonds, Notes	\$ _____
Real Estate	\$ _____
Automobiles	\$ _____
Other Personal Property (boats, ATV's, RV's, 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	\$ _____

WORKSHEET FOR PARENT(S)

ASSETS OF PARENT(S) - Value of Assets

Cash on Hand or in Financial Institution	\$ _____
Stocks, Bonds, Notes	\$ _____
Real Estate	\$ _____
Automobiles	\$ _____
Other Personal Property (boats, ATV's, RV's, 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	\$ _____

2012-13 Scholarship Application
Application must be postmarked no later than May 15, 2012.

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 2012 (Use back of form if needed): _____

Living Arrangements for Fall 2012 (Check One): Home On-Campus Off-Campus

Will you be employed during the 2012-13 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 2012-13 School Year: Tuition \$ _____
Books \$ _____
Living Expenses \$ _____
TOTAL \$ _____

Applicant's Signature _____
Date



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: _____