



## SCHOLARSHIP APPLICATION

1. NAME \_\_\_\_\_  
FIRST MIDDLE LAST

2. ADDRESS Primary: \_\_\_\_\_  
STREET APT. NO.  
\_\_\_\_\_  
CITY STATE ZIP

Alternate: \_\_\_\_\_  
STREET APT. NO.  
\_\_\_\_\_  
CITY STATE ZIP

EMAIL ADDRESS: \_\_\_\_\_

3. TELEPHONE NO. Primary: (\_\_\_\_\_) \_\_\_\_\_  
Alternate: (\_\_\_\_\_) \_\_\_\_\_

Name of nearest relative through whom you can always be contacted:

\_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Email Address: \_\_\_\_\_

4. DATE OF BIRTH \_\_\_\_\_

5. SOCIAL SECURITY NUMBER \_\_\_\_\_

6. Relationship to injured worker: \_\_\_\_\_

7. Name of injured or deceased parent or spouse:

\_\_\_\_\_  
FIRST

MIDDLE

LAST

Labor & Industries Claim Number: \_\_\_\_\_

If claim is not under Washington's worker's compensation system, list the state or federal agency administering the claim and the claim number: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Total Disability or Death: \_\_\_\_\_

8. Name and address of applicant's high school \_\_\_\_\_

\_\_\_\_\_ Date of graduation \_\_\_\_\_

9. Institution planning to attend \_\_\_\_\_

10. Address of institution \_\_\_\_\_

\_\_\_\_\_ Expected starting date: \_\_\_\_\_

11. Major field of intended study \_\_\_\_\_

12. Career objective \_\_\_\_\_  
\_\_\_\_\_

13. Other types of scholarships for financial aid for which you have applied \_\_\_\_\_  
\_\_\_\_\_

14. Have you been awarded any other scholarships for financial aid? If so, please identify resources and state the amount of each award.

\_\_\_\_\_  
\_\_\_\_\_

15. How much will your educational expenses be? (Complete whichever is appropriate.)

	PER QUARTER	PER SEMESTER	PER HOUR
A. Tuition and Fees	_____	_____	_____
B. Books/Supplies	_____	_____	_____
C. Housing	_____	_____	_____
D. Food	_____	_____	_____
E. Other	_____	_____	_____

16. EDUCATIONAL BACKGROUND: List in order all schools attended and degrees and certifications completed. Attach an additional sheet if necessary.

YEARS ATTENDED	INSTITUTION	LOCATION	NO. OF HOURS (SEM/QTR)	GPA	DEGREE/ CERTIFICATION

17. Please state why you believe Kids' Chance should award a scholarship to you (attach additional sheets if needed):

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18. How did you learn about Kids' Chance? \_\_\_\_\_  
\_\_\_\_\_

19. FAMILY INCOME: (Averaged on a monthly basis)

A) Workers' Compensation Payment \$ \_\_\_\_\_

B) Disability Insurance \_\_\_\_\_

C) Social Security Payment \_\_\_\_\_

D) Income per month of spouse of injured or deceased employee:

\_\_\_\_\_

Name and address of spouse's employer \_\_\_\_\_

\_\_\_\_\_

Student Applicant's income: \_\_\_\_\_

Other family members living at home and income, if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E) Financial assistance from any state or federal agency, such as welfare:

\_\_\_\_\_

\_\_\_\_\_

F) Child support payments received on behalf of children residing in same household with applicant

\_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

20. EXPENSES OF FAMILY: (Averaged on a monthly basis)

- A) Rent, house payment \$ \_\_\_\_\_
  - B) Food \_\_\_\_\_
  - C) Clothing \_\_\_\_\_
  - D) Incidentals \_\_\_\_\_
  - E) Medical and dental bills (not covered  
by workers' compensation or other insurance) \_\_\_\_\_
  - F) Car payments \_\_\_\_\_
  - G) Maintenance for cars, including gas and oil \_\_\_\_\_
  - H) Recreation \_\_\_\_\_
  - I) Health insurance payments \_\_\_\_\_
  - J) Insurance for cars and house \_\_\_\_\_
  - K) Taxes -- property \_\_\_\_\_
  - L) Electricity \_\_\_\_\_
  - M) Gas (for heating) \_\_\_\_\_
  - N) Telephone \_\_\_\_\_
  - O) Water \_\_\_\_\_
  - P) Child support payments made to children not residing  
in applicant's household \_\_\_\_\_
  - Q) Payments on other bills \_\_\_\_\_
- 
- TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

21. TOTAL ASSETS OF FAMILY

- A) Cash on hand or in banks \$ \_\_\_\_\_
- B) Stocks, bonds, notes \_\_\_\_\_
- C) Real estate:
  - Home \_\_\_\_\_
  - Other \_\_\_\_\_
- D) Automobiles \_\_\_\_\_
- E) Other personal property \_\_\_\_\_
- F) Educational trusts \_\_\_\_\_
- G) Itemize other assets \_\_\_\_\_

22. TOTAL LIABILITIES OF FAMILY:

- A) Credit union loan balance owing \_\_\_\_\_
  - B) Real estate mortgage loan balance owing \_\_\_\_\_
  - C) Automobile loan balance owing \_\_\_\_\_
  - D) Other notes or loans: \_\_\_\_\_
  - E) Other bills: \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_

***I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.***

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18

\_\_\_\_\_  
DATE

### **ADDITIONAL DOCUMENTS REQUIRED**

1. Official copies of high school transcript of grades and college/technical school transcripts (if attended);
2. Financial aid printout from college or technical school (FAFSA), if applicable;
3. Letter of recommendation (optional but recommended);
4. Authorization to verify entitlement to Labor & Industries benefits.
5. Proof of enrollment (required prior to receiving any scholarship monies).

It would be helpful if you would please list the names of all persons who assisted the applicant in the preparation of this document:

\_\_\_\_\_  
\_\_\_\_\_

*More information may be requested if the injured or deceased worker's claim has been established in a jurisdiction other than Washington State Department of Labor and Industries.*

**Please return this completed application, a copy  
of your FAFSA, and other requested documentation to:**

**Kids' Chance of Washington, Inc.  
P.O. Box 185  
Olympia, WA 98507-0185**

opeiu23/afl-cio/dag

**Kids Chance of Washington**

**AUTHORIZATION TO OBTAIN CLAIM INFORMATION**

***Kids' Chance of Washington Scholarship Applicant: Complete the following section only, date, and have the injured worker or surviving spouse sign. Please enclose this form with your completed scholarship application.***

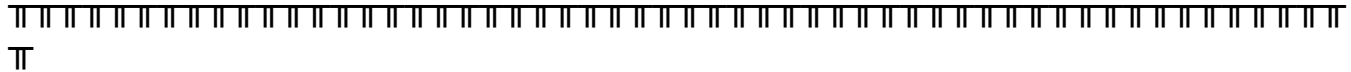
RE: INJURED WORKER/DECEASED WORKER: \_\_\_\_\_  
CLAIM NUMBER: \_\_\_\_\_

This will authorize the Department of Labor and Industries or the self-insured employer to provide worker's compensation benefit information or the nature of the medical condition to Kids' Chance of Washington. Please forward this information at your earliest convenience to Kids' Chance at P.O. Box 185, Olympia, WA 98504-0185 or fax to 360-943-2333.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
INJURED WORKER OR SURVIVING SPOUSE

\_\_\_\_\_  
BENEFICIARY, IF OVER 18 YEARS OF AGE



***For Dept. of Labor & Industries Use Only***

Check the appropriate box below:

- PENSION BENEFITS SECTION
- CLAIMS MANAGEMENT
- SELF-INSURED EMPLOYER OR REPRESENTATIVE

Does the injured worker or surviving spouse have an entitlement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how much per month? \_\_\_\_\_

If over 18, does the beneficiary have an entitlement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how much per month? \_\_\_\_\_

Date \_\_\_\_\_ Signed: \_\_\_\_\_  
L&I Representative (Name and Title)

L&I: Please fax completed form to 360-943-2333.

opeiu23/afl-cio/dag