



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 _____

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: _____

Date of Total Disability or Death: _____

8. Name and address of applicant's high school _____

_____ Date of graduation _____

9. Institution planning to attend _____

10. 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):

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**

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.

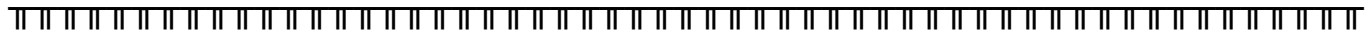
RE: INJURED WORKER/DECEASED WORKER: _____
CLAIM NUMBER: _____

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