

Scholarship Application Form



Applicant (Child/Student) Information

Applicant's Name:

First Middle Last

Applicant's Address:

City State Zip Code

Applicant's Telephone Number(s):

Home Work Cell

Applicant's Email Address:

Date of Birth (MM/DD/YYYY) ____/____/____

Parental/Guardian Information

Parent/Guardian's Name:

First Middle Last

Address (if different from above):

City State Zip Code

Parent/Guardian's Telephone Number(s):

Home Work Cell

2nd Parent/Guardian's Name:

First Middle Last

Address (if different from above):

City State Zip Code

Parent/Guardian's Telephone Number(s):

Home Work Cell

Career objectives: _____

Tuition Information: _____

Have you been awarded any other scholarship or financial aid? Yes No
If yes, please identify the entity that has awarded the scholarship/financial aid and specify the amount awarded.

Entity Name: _____ Amount Awarded: _____

Entity Name: _____ Amount Awarded: _____

Entity Name: _____ Amount Awarded: _____

Please list all other forms of scholarships and/or financial aid for which you have applied.

Entity Name: _____ Request Denied Awaiting Response

Entity Name: _____ Request Denied Awaiting Response

Entity Name: _____ Request Denied Awaiting Response

ESSAY

In your essay (limited to two pages) please address: your goals, your financial needs, and your family.

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: _____

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