

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 Inform	ation_	
Parent/Guardian's Name:			
First	Middle	Last	
Address (if different from above	e):		
City	State	Zip Code	-
Parent/Guardian's Telephone N	umber(s):		
Home	Work	Cell	
2 nd Parent/Guardian's Name:			
First	Middle	Last	
Address (if different from above	e): 		
City	State	Zip Code	-
Parent/Guardian's Telephone N	umber(s):		
Home	Work	 Cell	

Injured/Deceased Worker Information

Name of Injured/Deceased Worker: Middle First Last Address: State Zip Code City Date of Birth (MM/DD/YYYY) Claim Number(s): _____ Workers' Compensation Carrier **Employer of Record** (when accident/injury/illness/death occurred): Name of Employer: Employer Address: City/Town_____State____Zip Code: _____ Date of Injury: (MM/DD/YYYY) **Applicant - School Information Current School** Attended/Attends School's Address: ___ State_____ Zip Code: _____ School/Institution/Apprentice Program Applicant Plans to Attend Name of Institution: Address: City/Town_____State____Zip Code: _____ Have you already been accepted by this institution? ☐ Yes ☐ No Date you will be starting/continuing education at this institution is: (MM/YYYY)_____ Major Field of Study:

Career	
objectives:	
Tuition Inform	ation:
	awarded any other scholarship or financial aid? Yes No dentify the entity that has awarded the scholarship/financial aid and specify the ed.
Entity Name:	Amount Awarded:
Entity Name:	Amount Awarded:
Entity Name:	Amount Awarded:
Please list all o	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 (family.	limited to two pages) please address: your goals, your financial needs, and your
including my a	re below, I declare under penalty of perjury that the foregoing statement(s), accompanying statements and/or documentation, is to the best of knowledge and rrect, and complete.
Signature:	
Date:	

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