

**SCHOLARSHIP APPLICATION**

Section A: Student Application Information

Applicant's name: _____		
First	Middle	Last
Current street address: _____		
_____	_____	_____
City	State	Zip code
Home phone: _____		Cell phone: _____
Date of birth: ____/____/____	Email: _____	
M D YR		

Section B: Family Information

Parent/legal guardian's name: _____		
First	Middle	Last
Parent/legal guardian's street address (if different than above): _____		
_____	_____	_____
City	State	Zip code
Parent/legal guardian's phone numbers:		
_____	_____	_____
Home	Cell	Work
Parent/legal guardian's email address:		
Is uninjured/surviving parent employed? Yes ___ No ___ If yes, full time ___ or part time		
If yes, name of employer: _____		
Employer's phone number: _____		
Employer's Street Address: _____		
_____	_____	_____
City	State	Zip code



Section C: Academic Information (Continued)

Major or area of study: \_\_\_\_\_

Career objectives: \_\_\_\_\_

Please list the educational institution(s) where you have applied:

School: \_\_\_\_\_ Accepted: Yes \_\_\_ No Pending: \_\_\_

School: \_\_\_\_\_ Accepted: Yes \_\_\_ No Pending: \_\_\_

School: \_\_\_\_\_ Accepted: Yes \_\_\_ No Pending: \_\_\_

What year do you expect to receive degree or certificate? \_\_\_\_\_

Will you be employed while attending school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, full time \_\_\_ or part time \_\_\_

Have you completed the FAFSA? Yes \_\_\_ No \_\_\_

a. If yes, enter your Student Aid Index (SAI) from your FAFSA Submission Summary. \_\_\_\_\_

b. If no OR not eligible, complete the Federal Student Aid estimator tool and enter your estimated Student Aid Index (SAI). We encourage all eligible students to complete the FAFSA. \_\_\_\_\_

What is the Cost of Attendance at your top-choice school? If you don't know, you can look it up on your school's website or on the Hechinger Report's Tuition Tracker. \_\_\_\_\_

What is your household's total income for 2023? Include everyone who contributes income to your household.

How much money does your family expect to be able to contribute to your education next school year? Provide an honest amount. This does not have to match the information from the FAFSA.

Please list all scholarships or other financial aid and the amounts you expect to receive for the Fall 2024 semester:

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

## Section D: Financial Need

Have you or your family experienced any of the following extenuating circumstances impacting your or their financial situation? Select all that apply.

- a. Disability
- b. Housing instability or Homelessness
- c. Financial or other hardship because of natural disaster
- d. Active military or Veteran status
- e. Financially independent from their parents
- f. Supporting a dependent

Do any of these describe you, or do you or anyone in your family participate in any of these programs? Select all that apply.

- a. Federal Pell Grant
- b. Low-income internet program
- c. Free and Reduced-Price School Lunch Program or School Breakfast Program
- d. Supplemental Nutrition Assistance Program (SNAP)
- e. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- f. Medicaid
- g. Temporary Assistance for Needy Families (TANF) or Work First (WF)
- h. Housing Choice Voucher (HCV) Program (Section 8 Vouchers)
- i. Project-Based Rental Assistance (PBRA)/Section 202/ Section 811
- j. Public Housing; or Affordable Housing Programs for American Indians, Alaska Natives or Native Hawaiians
- k. Supplemental Security Income (SSI).
- l. Veterans Pension or Survivor Benefits
- m. Bureau of Indian Affairs General Assistance,
- n. Tribal TANF, Food Distribution
- o. Program on Indian Reservations
- p. Tribal Head Start

Section D: Documents Required to be Submitted with Application:

1. Your official transcript from the previous semester. Or, your official transcript of high school grades (if graduating senior or still attending high school).
2. Written confirmation of enrollment from the academic institution.
3. Two letters of recommendation from nonrelatives.
4. Documented confirmation of the Oklahoma workplace accident.
5. A copy of your Student Aid Index (SAI) from the Better FAFSA or an estimated SAI using the Federal Student Aid estimator tool for the current academic year. <https://studentaid.gov/aid-estimator/>
6. A copy of the Financial Aid Award letter from the school you are attending.
7. Student Account Statement from educational institution as the funds from the awarded scholarship will be sent directly to the institution which identifies your student ID number, if available.
8. A letter to Kids' Chance of Oklahoma, Inc. explaining how this scholarship will help you attain your educational goals.

Section E: Authorization Statement

I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of scholarship applicant	Date
Signature of parent/legal guardian/other person assisting in the completion of the application	Date

The deadline to submit this application and the required documents listed above is June 30th, 2024.

Please Read Carefully

I hereby apply for a scholarship from Kids' Chance of Oklahoma, Inc. I understand that scholarships granted by Kids' Chance of Oklahoma, Inc. are benevolent awards and these are made on the basis of funds available to the Kids' Chance of Oklahoma, Inc. organization. I further understand that the election of the recipients of Kids' Chance of Oklahoma, Inc. scholarships is a determination made solely by Kids' Chance of Oklahoma, Inc. and its Scholarship Committee and Board of Directors and that it is their final decision who shall receive Kids' Chance of Oklahoma, Inc. scholarship awards, as well as the amounts of any such awards and terms thereof, and that I am in no way legally entitled to any scholarship, award, or grant on the basis of this application. If an award or other payment is granted to me, I am in no way legally entitled to any continuation or renewal thereof. Eligibility for scholarships is limited to five academic years from the first post-high school award. All applications are subject to review by the Scholarship Committee and Board of Directors.

I hereby consent Kids' Chance of Oklahoma, Inc., its agents, employees, or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution or other entity. I agree to send a copy of each semester's grades to Kids' Chance of Oklahoma, Inc. within 30 days after the end of the term. I understand that any intentionally false or misleading information submitted on this application will result in immediate rejection, cancellation of award, and/or return of expended funds.

It is the policy of Kids' Chance of Oklahoma, Inc. to safeguard personal, health, employment, and financial information. Kids' Chance of Oklahoma, Inc. does not sell contact information or share information with outside organizations or agencies. However, if a scholarship is awarded, I hereby grant Kids' Chance of Oklahoma, Inc. or Kids' Chance of America to use the applicant's/parent's or legal guardian's name and likeness, the content of biographical statement, descriptions of goals, the work injury incident and resulting injuries and residual, related disabilities provided in and with this application in materials used by Kids' Chance of Oklahoma, Inc. for its promotional purposes and its reporting requirements. This includes information provided to current and prospective donor groups and individuals to further the mission of Kids' Chance of Oklahoma, Inc. and Kids' Chance of America.

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Signature of applicant:

Date

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Signature of parent/legal guardian/other person assisting in the completion of the application:

Date

Where did you learn about Kids' Chance of Oklahoma, Inc.? \_\_\_\_\_

If referred by guidance counselor, lawyer, or clergy, please list their contact information:

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Please return form via email to:  
admin@kidschanceok.org

Or US mail to:

Kids' Chance of Oklahoma, Inc.  
Brandon J. Burton, Scholarship Chair  
Burton Law Group, P.C.  
308 N.W. 13th, Ste. 100  
Oklahoma City, OK 73103