



KIDS' CHANCE Scholarship Application

Student Information

1. Name _____
2. Date of Birth _____
3. Address _____
4. City/State/Zip _____
5. Home Phone Number _____
6. E-mail _____
7. Parent's Names _____
Parent's Address _____
(if different than students')
8. Number of family members living at home dependent upon the injured or deceased parent _____
9. Injured or deceased parent
 - a. Name _____
 - b. Date of Injury _____ Date of Birth _____
Nature and extent of injury _____
 - c. Name address and telephone number of employer _____
 - d. Workers' Compensation insurance carrier of employer _____
 - e. Name of attorney representing injured parent _____
 - f. At the present time, is there a Workers' Compensation action pending? ____ Yes ____ No
If yes, explain _____
 - g. Is injured parent currently working ____ Yes ____ No
10. Is other parent employed? ____ Yes ____ No

Academic Information

1. If you are currently a high school senior, please list the educational institution(s) you have applied to:

School: _____ Admitted: Yes ___ No ___ Pending ___

School: _____ Admitted: Yes ___ No ___ Pending ___

School: _____ Admitted: Yes ___ No ___ Pending ___

School: _____ Admitted: Yes ___ No ___ Pending ___

Applicant must submit the formal acceptance letter from the institution, or provide documentation (transcripts, tests scores) demonstrating they meet the institution's minimum admission criteria.

2. Type of educational institution you plan on attending or are currently enrolled in (check one below):

_____ College/University (four year undergraduate degree)

_____ Junior/Community College (two year undergraduate degree)

_____ Trade/Vocational school

3. Name and address of educational institution you are attending (if currently enrolled):

4. Please list the annual costs of attendance if currently enrolled. If not, list the name and annual estimated costs of the school you intend to enroll in:

Tuition _____ Room and Board _____ Books _____

5. Major field of intended study: _____

6. Career objective: _____

7. Avera Health has made available certain scholarship funds for otherwise qualified individuals interested in the healthcare fields. Do you have such an interest? : Yes ___ No ___

8. Extracurricular/school activities (attach additional Sheet if needed: _____

9. Current cumulative grade point average _____ ACT Score _____ SAT Score _____

Financial Information

You must submit the Free Application for Federal Student Aid (FAFSA) to complete the Kids' Chance Scholarship Application. You should have received a Student Aid Report (SAR). What amount is listed as your "Expected Family Contribution" or EFC? \$ _____. Please submit a copy of the EFC statement page with this application.

Have you received a Financial Aid Award Letter from your educational institution's financial aid office?

_____ Yes _____ No **IF RECEIVED, ATTACH A COPY.**

Litigation Income/Awards (REQUIRED TO PROCESS APPLICATION):

1. Has any family member been awarded income as a result of a lawsuit or a workers' compensation settlement?

Yes _____ No _____

2. Is any family member currently a plaintiff/claimant in a lawsuit or workers' compensation claim from which additional income or settlement may be awarded?

Yes _____ No _____

If yes to either question, please explain:

Other Scholarship/Grant Information

1. Other types of scholarships or financial aid you have applied for:

2. Are you currently or will you be receiving any other scholarship or financial aid including student loans and grants? Yes _____ No _____

If so, identify and state the amount for each:

3. Other circumstances which you feel the KIDS' CHANCE Committee should know in reviewing the Scholarship request? _____

Signature of applicant _____ Date _____

**Mail Completed Application and Supporting
Materials by April 15, 2019, to:
Kids' Chance of South Dakota
c/o Jennifer Andrisen Selzler
P.O. Box 1898
Sioux Falls, SD 57108**