



Note: This needs-based scholarship is available to spouses or children of injured Washington workers whose injury, while at work in Washington State, resulted in a permanent inability to return to work (a pension under the claim) or death. Money is available for college undergraduates, technical school students, high school students participating in a Running Start program, or other accredited schools. Although applications will be accepted year-round, priority will be given to applications received by June 1 or November 1 of each year.

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: (_____) _____
Cell: (_____) _____

Name of nearest relative through whom you can always be contacted:

_____ Relationship _____

Address _____

Home Telephone _____ Business/Cell Telephone _____

Email Address _____

4. **DATE OF BIRTH:** _____

5. **Name of injured or deceased parent or spouse (specify which):**

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: _____

6. **Name and address of applicant's high school:** _____

_____ **Date of graduation:** _____

7. **Institution planning to attend:** _____

Specify whether this is a four year college, community college/junior college (two year undergraduate program) or trade school.

8. **Expected starting date:** _____

9. **Major field of intended study:** _____

10. **Career objective:** _____

11. **Other types of scholarships for financial aid for which you have applied:** _____

12. **Have you been awarded any other scholarships for financial aid? If so, please identify resources and state the amount of each award.**

Note – you can attach the financial aid printout from the school if it identifies all private funds and awards offered to you. FAFSA/WAFSA, which is applicable needed.

13. **How much will your educational expenses be? (Complete whichever is appropriate.)**

	PER QUARTER	PER SEMESTER	PER YEAR
A. Tuition and Fees	_____	_____	_____
B. Books/Supplies	_____	_____	_____
C. Housing	_____	_____	_____
D. Food	_____	_____	_____
E. Other	_____	_____	_____

14. **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

15. **Please state why you believe Kids' Chance should award a scholarship to you (attach additional sheets if needed):**

16. **How did you learn about Kids' Chance?**

17. **FAMILY INCOME and EXPENSES**

This will be assessed based upon our review of your FAFSA or WAFSA information, completed and returned with eligibility for awards.

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, 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).
6. Copy of your FAFSA or WAFSA, whichever is applicable, with award information.

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 or WAFSA, and other required documentation to:

**Kids' Chance of Washington, Inc.
P.O. Box 185
Olympia, WA 98507-0185**

**Or e-mail to debbie@wscff.org
Questions can be e-mailed to debbie@wscff.org or call 800-572-5762**

Follow us on  Kids Chance of Washington or <http://kidschancewa.com/>

opeiu8/aflcio/dag
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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.

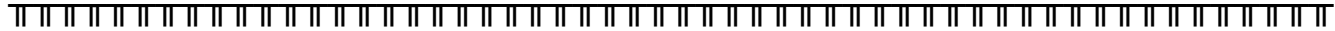
RE: INJURED WORKER/DECEASED WORKER: _____
CLAIM NUMBER: _____

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 ~ Is there a pending review by Pension? Yes ___ No ___
- SELF-INSURED EMPLOYER OR REPRESENTATIVE

Does the injured worker or surviving spouse receive a pension benefit? Yes _____ No _____
If yes, how much per month? _____

If over 18, does the beneficiary have a benefit or entitled to a benefit? 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.

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**REMINDER – APPLICATIONS ARE DUE JUNE 1 FOR FALL SEMESTER
AND NOVEMBER 1 FOR WINTER AND SPRING.**