



## 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:

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### **Other Scholarship/Grant Information**

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

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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:

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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, 2017 to:  
Kids' Chance of South Dakota  
c/o Rick Orr  
Davenport, Evans, Hurwitz & Smith  
206 W 14th St  
Sioux Falls, SD 57104**