

KIDS' CHANCE OF MISSISSIPPI SCHOLARSHIP APPLICATION

I. STUDENT INFORMATION

- A. Full Name: _____
- B. Address and telephone number: _____
- C. Date of Birth: _____
- D. Social Security Number: _____

II. FAMILY INFORMATION

- A. Parents' Full Names: Father _____ Date of Birth: _____
Mother _____ Date of Birth: _____
- B. Number of persons living in Household: _____ How many of these are minor children? _____
- C. Injured or Deceased Parent:
1. Parent's Full Name: _____
 2. Parent's Social Security Number: _____
 3. Date of Injury: _____ Date of Death: _____
 4. Name, address and telephone number of parent's employer: _____

 5. Workers' Compensation insurance carrier of employer: _____

 6. Mississippi Workers' Compensation Claim Number: _____
 7. Name, address and telephone number of parent's attorney, if applicable, or insurance adjuster, if known:

 8. Is other parent or step-parent(s) employed? Yes _____ No _____
Name and address of employer(s): _____

III. ACADEMIC INFORMATION

A. Name and address of high school attended: _____

B. Names and addresses of schools, colleges or universities applied to: _____

C. If you have been accepted for admission, please name the school(s). Note which school you plan to attend.

D. Major field of intended study: _____

E. Career objective: _____

F. How do you plan to finance your education? What is your expected costs per semester of tuition, board and other expenses? Please list all income stating the dollar amounts from loans, grants, scholarships, employment, savings, and parental or family contributions. Include in this list all such programs to which you have applied noting whether you have been accepted, denied or your application is pending.

G. Do you plan to live at home or on campus? _____

H. If you will be employed during the regular school year please specify the type of work, the approximate number of hours per week and your rate of pay:

I. Will you be attending the vocational/technical school or college without regard to your receipt of this scholarship?

Yes _____ No _____

J. Other circumstances which you feel the Kids' Chance of Mississippi Committee should know in reviewing your scholarship request:

IV. FINANCIAL INFORMATION OF HOUSEHOLD

Household Income:

Averaged on a Monthly Basis

- 1. Workers' Compensation Payment _____
- 2. Disability Insurance _____
- 3. Parental income _____
- 4. Financial Assistance from any state or federal agency, such as welfare _____
- 5. Child support payments received on behalf of children residing in same household with applicant _____
- 6. Additional Income (if any) _____

Total Monthly Income _____

Household Expenses:

Averaged on a Monthly Basis

- 1. Rent or house payment _____
- 2. Food _____
- 3. Car payments _____
- 4. Health insurance payments _____
- 5. Car and house insurance _____
- 6. Utilities _____
- 7. Telephone _____
- 8. Child support payments made to children not residing in applicant's household _____
- 9. Payments on other bills (credit cards etc.) _____
- 10. Incidentals (clothing, gas, etc.) _____
- 11. Medical bills (not covered by workers' compensation) _____
- 12. Other (please specify) _____

Total Monthly Expenses _____

I certify that the information contained in this Kids' Chance of Mississippi Scholarship Application for the academic year beginning August of _____ is true and correct to the best of my knowledge and belief.

I hereby apply for a scholarship from Kids' Chance of Mississippi and consent for Kids' Chance of Mississippi and the Mississippi Bar Foundation to verify the contents of this application. I agree to allow the school, college or university to send a copy of each quarter's (or semester's) grades to Kids' Chance of Mississippi and/or the Mississippi Bar Foundation. It is fully understood that compliance in this matter is necessary for funds to be paid on a timely basis. I further consent for Kids' Chance of Mississippi and/or the Mississippi Bar Foundation, their agents, employees or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution or other such entity.

Signature

DATED: _____

ADDITIONAL DOCUMENTS REQUIRED

1. Certified copies of transcripts from the school you are attending or the last school that you attended.
2. Copy of financial aid letter from the school you will be attending.
3. Proof that a parent has been found permanently and totally disabled from a work related injury or provide a death certificate, if parent died from a work related accident. A doctor's statement or Social Security Administration statement are not sufficient. You may get these documents from the employer or the insurance company that covered the workers' compensation of the employer or the Mississippi Workers' Compensation Commission.
4. Please list the names of all persons who assisted the you in preparing this document:

5. Letters of recommendation (optional).

FILING DEADLINE

The time period for submitting completed applications and all supporting documents with respect to scholarships for each year runs from **until May 1** of each year. Applications and supporting information will **not** be accepted after the **May 1** deadline. Scholarships will be awarded in late June of each year and announced soon thereafter. The amount of each Kids' Chance of Mississippi Scholarship awarded is decided by the Scholarship Committee; the amount of the scholarship(s) awarded is undetermined at this time. Please send completed application and required documents to:

Administrative Law and Workers' Compensation Section
Mississippi Bar Foundation
P. O. Box 2168
Jackson, MS 39225-2168