

# 2024-25 SCHOLARSHIP APPLICATION

<b>Applicant Information:</b>		
Full Name:	Email:	
Full Mailing Address:	Phone:	
<b>High School Information:</b>		
High School Name(s) & Location(s):	Dates Attended:	Graduation Date:
GPA: _____ (include grade scale)    If other than high school graduation, HiSET (date): _____    GED (date): _____		
<b>Post-High School Colleges/University/Training Institutions You Are Considering. If already accepted please attach acceptance letter.</b>		
Name:	City/State	Study Interest:
Name:	City/State	Study Interest:
Name:	City/State	Study Interest:
<b>Essays (Required. Space provided on page 2 for responses)</b>		
A. How did you learn of the Kid's Chance of Montana Scholarship?		
B. Describe your education and life goals and share how this scholarship will help you meet those goals		
C. Describe an attribute or accomplishment that sets you apart from other applicants		
D. Briefly describe, in general terms, the work accident leading to the injury/fatality that leads you to apply for this scholarship		
E. Share with us your story of how this incident has personally challenged/affected you.		
F. Describe the applicant and parent(s)/guardian(s) connections with Montana		
G. List extracurricular activities/work/volunteerism/honors etc. Include your role and time participated.		
<b>References. Must complete this section, may also attach letters of recommendation but letters aren't required</b>		
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
<b>Parent(s)/Guardian(s) Information:</b>		
Full Name:	Email:	
Mailing Address:	Phone:	
Full Name:	Email:	
Mailing Address:	Phone:	
<b>Qualifying Parent/Guardian Information:</b>		
Name:	Relationship to Applicant:	
Job Title or brief explanation of job responsibilities:		
Employer at time of accident:		
Employer's mailing address:		
Location of injury accident:		
Workers' Compensation Insurer:	Claim ID#:	
Date of Injury:	If parent/guardian died, Date of death: _____ <i>Please Skip to Signature Section</i>	
Missed Work Due to the Injury, From: _____ to: _____ (if known) or Did Not Miss Work Due to Injury (circle)		
Was Parent/Guardian Released to Work their Same Job? _____ If Yes, When _____		
Does Parent/Guardian have Permanent Restrictions on the Work Activities they can do? _____. If yes, briefly describe, if known: _____ Impairment Rating if known: _____%.		
Currently Working: <input type="checkbox"/> Same Employer <input type="checkbox"/> Different Employer <input type="checkbox"/> Same Job Type/Activity <input type="checkbox"/> Different Job Type/Activity		
<input type="checkbox"/> Same # Hours <input type="checkbox"/> Fewer # Hours <input type="checkbox"/> Not Working		

I certify that the information on this form is correct to the best of my knowledge and belief. I further understand and authorize reviewers to confirm the information provided. I understand that the falsification of any information contained in this application will disqualify me for further consideration or receipt of Kids' Chance scholarship funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your Responses to Essay Questions (If handwriting, or need more space, use separate paper).**

**A. How did you learn of the Kid's Chance of Montana Scholarship?**

**B. Describe your education and life goals and share how this scholarship will help you meet those goals**

**C. Describe an attribute or accomplishment that sets you apart from other applicants**

**D. Briefly describe in general terms, the work accident leading to the injury/fatality that leads you to apply for this scholarship**

**E. Share with us your story of how this incident has personally challenged/affected you**

**F. Describe the applicant and parent(s)/guardian(s) connections with Montana**

**G. List extracurricular activities/work/volunteerism/honors etc. Include your role and time participated**