



2024/25 Scholarship RENEWAL Application

For use by existing or prior Kids' Chance of Montana
Scholarship Recipients Only

Applicant RENEWAL Information:		
Full Name:	Email:	Phone:
Permanent Mailing Address:		
Your Mailing Address at School/Program (for upcoming year, if known):		
School/Program Information:		
School/Program attended <u>current</u> scholarship year:	City	State
School/Program attending <u>upcoming</u> scholarship year (if different):		
Field(s) of Study/Major:	Minor/other emphasis:	
Number of credits or % of program completed (total):	GPA:	
Number of credits or % of program enrolled for upcoming term:	Expected Completion Date:	
Essays (Required, if handwriting or additional space is needed, please add a separate page).		
1. Please share how continuing your education has influenced you and your goals:		
2. Describe one of your favorite learning experiences for your current school year:		
3. Activities/Work/Volunteerism/Honors (since <u>after</u> high school):		
4. Anything else you would like to share with the Scholarship reviewers:		

I hereby certify that the information contained in this application is true and correct. I authorize Kids' Chance to verify all contents of this application. I also consent to the transmittal to the scholarship committee by any academic institution that I have attended for credit completion and grades. 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: _____

KIDS' CHANCE OF MT, INC. SCHOLARSHIP RENEWAL APPLICATION



Share Your Kids' Chance Story (Optional)

When our students receive scholarships, they and their families immediately become part of a Kids' Chance community that stretches across the country. Faces of Kids' Chance is an opportunity for scholarship recipients to share their stories and inspire other students, volunteers, and supporters to continue to work on behalf of our Kids' Chance community.

Please take a moment to participate in The Faces of Kids' Chance program by completing the profile below. Your works will motivate us all!

Name:

Email:

College:

Year in School:

Major(s):

Your Kids' Chance State Organization:

[Upload Your Photo](#)

Other ways you would like to be involved with Kids' Chance...

- Participate in an interview to share my story
- Participate in an interview with my family to share our story
- Serve as a Kids' Chance ambassador at events

I hereby give consent to Kids' Chance of America, its directors, trustees, officers, agents, affiliates, chapters, employees, or designees to use my name and likeness in its promotional materials, including but not limited to printed materials, its website, and electronic media.

Name: _____

Signature: _____ Date: _____