



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, or other accredited schools.

**Applications for the fall quarter are due June 1st  
and for winter/spring quarters or semesters are due November 1st.**

## 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:** \_\_\_\_\_

NAME OF HIGH SCHOOL

**Date of graduation:** \_\_\_\_\_

ADDRESS OF HIGH SCHOOL

7. **Institution planning to attend:** \_\_\_\_\_

Is this a four year college, community college, undergraduate program, or trade school.

8. **Expected starting date:** \_\_\_\_\_

9. **Are you enrolled full time?** Yes No

10. **Major field of intended study:** \_\_\_\_\_

11. **Career objective:**

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

13. Will you be working during the school year? Yes No

If yes, please explain.

14. Will you be living on campus, off campus or at home? \_\_\_\_\_

15. 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/WASFA, which is applicable needed.*

16. 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			

17. 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

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

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

20. **FAMILY INCOME and EXPENSES**

If you wish us to consider other special financial circumstances, please submit a separate page of explanation. This will be assessed based upon our review of your FAFSA or WASFA 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****

**Next page**

## **Additional Documents Required Checklist!**

Official copies of high school transcript of grades and college/technical school transcripts (if attended)

Financial aid printout from college or technical school, if applicable

Letter of recommendation (optional but recommended)

Authorization to verify entitlement to Labor & Industries benefits (last page of this PDF)

Proof of enrollment (required prior to receiving any scholarship monies)

Copy of your FAFSA or WASFA, whichever is applicable, with award information

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*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 WASFA, and other required documentation to:**

Mail:

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

Email: [info@kidschancewa.org](mailto:info@kidschancewa.org)

Questions? [info@kidschancewa.org](mailto:info@kidschancewa.org) or call 360-789-8893

*For more information, please visit [www.KidsChanceWA.org](http://www.KidsChanceWA.org)*

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

Please continue to the last page for authorization to verify entitlement to Labor & Industries benefits

**AUTHORIZATION TO OBTAIN CLAIM INFORMATION**

***Kids' Chance of Washington Scholarship Applicant: Complete the first 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 NAME: \_\_\_\_\_

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 email to [info@kidschancewa.org](mailto:info@kidschancewa.org)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Injured Worker or Surviving Spouse

\_\_\_\_\_  
Signature of 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

*Answer the following questions:*

❖ 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 Title

L&I: Please email completed form to [info@kidschancewa.org](mailto:info@kidschancewa.org)