



# 2012-13 Kids' Chance Scholarship Information

Members of the  
national organization  
of Kids' Chance Programs



Application Deadline is February 28, 2012

Mail to Kids' Chance Committee, Louisiana Bar Foundation  
909 Poydras Street, Suite 1550, New Orleans LA 70112  
Phone 504.561.1046 Fax 504.566.1926 [Kidschance@raisingthebar.org](mailto:Kidschance@raisingthebar.org)

The Louisiana Bar Foundation (LBF) Kids' Chance Scholarship Program awards scholarships to dependent children of a worker killed or permanently and totally disabled in an accident that is compensable under a state or federal Workers' Compensation Act or law. It is administered by the LBF and is governed by a committee representing a cross-section of the legal and workers compensation communities.

Completed application packets and supporting documents listed on the checklist must be postmarked by **February 28, 2012**. Application packets will not be accepted after the deadline.

All applicants will be notified once the Kids' Chance Committee makes its decisions. Scholarship money is limited and varies from year to year. Applying for this scholarship does not guarantee you a scholarship award, nor does it guarantee an award for any subsequent years. Kids' Chance scholarship recipients must reapply each year.

#### Basic Eligibility Requirements:

- Must be a dependent of a worker killed or permanently and totally disabled in an accident compensable under a state or federal Worker's Compensation Act or law.
- Must be a Louisiana resident between the ages of 16 and 25.
- Must maintain a "C" average or higher.
- Must be pursuing a primary college or university degree (bachelor's or associate's) or vocational education and training (certificate or license) from an accredited Louisiana university, community, technical or vocational college and/or state approved proprietary school.
- Must demonstrate substantial financial need.

#### Expectations of Scholarship Recipients:

- Submit a recent school picture.
- Must submit official transcript at the end of each completed semester/term.
- **Prompt response to requests from LBF Kids' Chance office for documents, renewal applications, grade reports, etc.**
- Maintenance of satisfactory grades of a cumulative "C" average or higher.
- Prompt notification of dropped classes or withdrawal from school.
- Must apply for any available financial aid, such as TOPS, HOPE Scholarship, Pell Grants, etc. (Award of Kids' Chance scholarships is not dependent on students being awarded other aid, but students must apply and exert their best efforts to obtain other financial aid).
- Cooperation in responding to requests to attend LBF Kids' Chance functions such as fund-raising events, seminars, board meetings, etc. (Attendance is not required but we encourage students to be willing to appear on our behalf and to promptly respond to calls from LBF staff).

#### Uses of Scholarship:

- Tuition, books, fees and general living expenses.
- Scholarships are paid directly to the school where the student is enrolled, when appropriate.

#### Amount Awarded:

- May range between \$500 - \$3,000.
- Will not exceed the annual cost of tuition and books at the most expensive in-state public university.

Mail to: Louisiana Bar Foundation Kids' Chance Committee, 909 Poydras Street, Suite 1550, New Orleans, LA 70112  
Mail by: Tuesday, February 28, 2012 Phone 504.561.1046 Fax 504.566.1926 [Kidschance@raisingthebar.org](mailto:Kidschance@raisingthebar.org)

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# Checklist

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Attach this completed checklist to your scholarship application packet. If you are a new applicant, items one (1) through eight (8) must be included with your application packet. If you are a returning applicant, items one (1) through (4) must be included with your application packet. All application packets must be postmarked by **February 28, 2012** in order to be considered for a LBF Kids' Chance scholarship.

**NOTE: Please make a copy of your completed application for your records. Once the application packet is submitted it becomes property of the LBF and cannot be returned to you.**

*To be checked off by applicant*

*To be checked off by LBF staff*

**The following must be mailed by Tuesday, February 28, 2012 to be considered for a scholarship.**

- \_\_\_\_\_ 1. Completed **Application** (all sections must be filled in). \_\_\_\_\_
- \_\_\_\_\_ 2. Completed **Questionnaire**. \_\_\_\_\_
- \_\_\_\_\_ 3. Signed **Authorization Statement**. \_\_\_\_\_
- \_\_\_\_\_ 4. Completed and signed **Authorization to Furnish Medical or Other Information**. \_\_\_\_\_

*First time applicants must attach the following:*

- \_\_\_\_\_ \* 5. Proof that a parent is permanently and totally disabled or parent's death certificate. \_\_\_\_\_
- \_\_\_\_\_ 6. Copy of applicant's Birth Certificate. \_\_\_\_\_
- \_\_\_\_\_ \*\* 7. Latest official school transcripts. \_\_\_\_\_
- \_\_\_\_\_ 8. Two letters of recommendation from either a teacher, a supervisor, a community leader, a guidance counselor. \_\_\_\_\_

\* One or more of the following documents may be considered: court order of permanent and total disability, social security disability award letter, or vocational expert report. If by a court order, please provide proof of adjudication. If a statement from worker's compensation insurance carrier, please include claim number and name of worker's compensation insurance provider. Medical reports from treating doctors that objectively document P & T disability.

\*\* An official school transcript must be requested from your school and has to have an official state seal.

**Recipients will be notified by mail by May 1, 2012. If you are selected to receive a scholarship, the following must be mailed by July 1, 2012 for scholarship funds to be released:**

- Copy of letter of acceptance to the school you will be attending or class schedule for Fall 2012.
- Copy of Free Application for Federal Student Aid (FAFSA).
- Copy of financial aid letter from school awarded for next school year.
- Spring 2012 final grades.
- A recent photo.



# Application Please type or print clearly. You may attach separate pages if necessary.

## Student Information

1. Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Home (Permanent) Address: \_\_\_\_\_
3. City/State/Zip Code: \_\_\_\_\_
4. Home (Permanent) Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_
5. Applicants e-mail: \_\_\_\_\_ 6. Social Security Number: \_\_\_\_\_
7. Names of Parents/Guardians: \_\_\_\_\_
8. Parents'/Guardians' Address (if different than students'): \_\_\_\_\_
9. Parents' e-mail: \_\_\_\_\_
10. Number of persons living in household: \_\_\_\_\_ How many are minors? \_\_\_\_\_
11. Injured or deceased parent:
  - a. Name: \_\_\_\_\_ b. Date of Birth: \_\_\_\_\_
  - c. Social Security Number: \_\_\_\_\_
  - d. Date of Injury: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Nature and extent of injury: \_\_\_\_\_
  - e. Name, address and telephone number of injured person's employer:  
\_\_\_\_\_  
\_\_\_\_\_
  - f. Workers' compensation insurance carrier of employer : \_\_\_\_\_
  - g. Louisiana Workers' Compensation claim number: \_\_\_\_\_
  - h. Name, address and telephone number of injured person's attorney or insurance adjuster:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - i. Has the worker's compensation claim been settled?      Yes                  No
  - j. If so, provide any documentation, including settlement amount: \_\_\_\_\_



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k. List all workers' compensation payments, disability insurance payments, and social security benefits:

l. Do you live with the injured person?      Yes                      No

m. Is other parent/guardian employed?      Yes                      No

n. If so, name and address of employer(s): \_\_\_\_\_

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### Academic Information

1. Name and address of high school attended: \_\_\_\_\_

2. Names and addresses of schools, colleges or universities applied to: \_\_\_\_\_

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

4. Major field of intended study: \_\_\_\_\_

5. Anticipated college, university or school graduation date: \_\_\_\_\_

6. Career objective: \_\_\_\_\_

7. How do you plan to finance your education? Please list all sources of income including loans, grants, scholarships, employment, savings, and parental or family contributions: \_\_\_\_\_

8. Do you plan to live at home or on campus? \_\_\_\_\_

9. If you will be employed during the regular school year please specify the type of work and the approximate number of hours per week:

10. Other circumstances which you feel the Kids' Chance Committee should know in reviewing your request:



**Financial Information of Household (only include information of household in which you reside)**

**1. Household Income MONTHLY AVERAGE:**

- a. Workers' Compensation Payment: \_\_\_\_\_
- b. Disability Insurance: \_\_\_\_\_
- c. Social Security Benefits: \_\_\_\_\_
- d. Income of other parent/guardian: \_\_\_\_\_
- e. Additional income of other dependents of injured or deceased workers residing in the same household with applicant (please itemize):  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. Financial Assistance from any state or federal agency, such as welfare: \_\_\_\_\_
- g. Child support payments received on behalf of children residing in same household with applicant: \_\_\_\_\_
- h. Other income such as a parttime job: \_\_\_\_\_

**Total Monthly Income:** \_\_\_\_\_

**2. Household Expenses MONTHLY AVERAGE:**

- a. Rent or house payment: \_\_\_\_\_
- b. Food: \_\_\_\_\_
- c. Car payment: \_\_\_\_\_
- d. Health insurance payments: \_\_\_\_\_
- e. Car and home insurance: \_\_\_\_\_
- f. Utilities: \_\_\_\_\_
- g. Child support payments made to children not residing in applicant's household: \_\_\_\_\_
- h. Payments on other bills (credit cards etc.): \_\_\_\_\_
- i. Taxes (property): \_\_\_\_\_
- j. Recreation: \_\_\_\_\_
- k. Medical & dental bills (not covered by workers compensation): \_\_\_\_\_
- l. Other (please specify): \_\_\_\_\_

**Total Monthly Expenses:** \_\_\_\_\_

**3. Household Assets (Value of Assets)**

- a. Cash on hand or in banks: \_\_\_\_\_
- b. Stocks, bonds, notes: \_\_\_\_\_
- c. Real Estate: \_\_\_\_\_  
 1. Home: \_\_\_\_\_  
 2. Other: \_\_\_\_\_
- d. Automobiles: \_\_\_\_\_
- e. Other personal property (please itemize):  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. Amounts received from settlements, judgments, etc. : \_\_\_\_\_

**Total Assets:** \_\_\_\_\_

**4. Household Liabilities (Balance Owed) :**

- a. Credit Union or bank: \_\_\_\_\_
- b. Real estate mortgage: \_\_\_\_\_
- c. Automobile loans: \_\_\_\_\_
- d. Credit card debt: \_\_\_\_\_
- e. Other notes or loans (please itemize):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Liabilities:** \_\_\_\_\_



# Questionnaire

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Name of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a separate page if necessary and type or print clearly. This information may be used for publicity for the LBF Kids' Chance Scholarship program.

1) Describe parents accident:

2) List your honors, achievements and accomplishments:

3) List your goals/career plans:

4) How will Kids' Chance help you achieve your goals?

5) How have your special circumstances (death of a parent or loss of parent's livelihood) affected the achievement of your goals?  
How have you overcome these circumstances and triumphed in your life?



# Authorization Statement

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I hereby certify that the information contained in this application is true and correct. I authorize the Kids' Chance Committee to verify all contents of this application. I also give my consent for the transmittal or communication to the scholarship committee by any academic institution that I have attended for grade, financial aid information, class standing or quality point information, as well as information concerning extracurricular activities. I understand that the falsification of any information contained in this application will disqualify for further consideration or receipt of funds from the scholarship.

I hereby give consent to the Louisiana Bar Foundation's Kids' Chance Program to verify contents of my scholarship application and attachments. If chosen as a Louisiana Bar Foundation Kids' Chance Scholarship recipient, I agree to send a copy of each term's grades to the Louisiana Bar Foundation's Kids' Chance Program. It is fully understood that compliance in this matter is necessary in order for awarded funds to continue to be paid to my school.

I hereby give consent to Louisiana Bar Foundation's Kids' Chance Program to use my name and likeness/my parent's name and likeness to advance the Louisiana Bar Foundation and its Kids' Chance Program, including but not limited to web sites, press releases, video footage and any other promotional purposes. This may also include information to prospective donor groups, individuals, all media outlets, and any other organization furthering the goals of the Louisiana Bar Foundation and its Kids' Chance Program.

Signature of Applicant: \_\_\_\_\_ date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ date \_\_\_\_\_

Print Name: \_\_\_\_\_

Please list the names of all persons who assisted in the preparation of this document:

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# Authorization to Furnish Medical or Other Information

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## To be completed by LBF Staff

To: \_\_\_\_\_; Dates valid from \_\_\_\_\_ to \_\_\_\_\_;

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## To be completed by Kids' Chance Applicant

1. Name of Applicant for Kids' Chance Scholarship: \_\_\_\_\_

2. Claimant/Decedent: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_

5. Employer: \_\_\_\_\_

6. Claim Number: \_\_\_\_\_ 7. Workers' Compensation Carrier: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I hereby authorize any physician, surgeon, or other medical professional, nurse, dentist, hospital, ambulance service, rehabilitation/convalescence/custodial facility, or other medical provider, any workers' compensation insurance carrier, group insurance or other company or individual and all past and present employers to furnish to the Louisiana Bar Foundation (LBF) and/or the Kids' Chance Committee and/or their duly appointed agents, all records in their possession involving Claimant/Decedent, including records regarding injuries, medical history, physical condition, insurance claims, employment, wages, and educational records both before and after the date of my signature on this form pertinent to the application for scholarship funds.

I also authorize the LBF and/or the Kids' Chance Committee and/or their duly appointed agents to contact any and/or all of the above parties to verify verbally any of the information contained on the application for scholarship funds or requested on the application but omitted.

I understand that the information subject to this authorization will be considered solely for purpose of evaluating application for a LBF Kids' Chance scholarship.

Where records have been requested, said records should be mailed to:

Kids' Chance Committee  
Louisiana Bar Foundation  
909 Poydras Street, Ste. 1550, New Orleans, LA 70112

A complete photocopy of this authorization shall be accepted as if it were a signed original. This authorization may be revoked in writing at any time and shall remain valid until such written revocation, addressed to the above address, is received.

By signing this release, I represent that I have read the information on this page and understand the authorization I now make.

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of injured worker/Signature of authorized person for deceased worker

\_\_\_\_\_  
Kids' Chance Applicant Signature

\_\_\_\_\_  
Witness