

KIDS' CHANCE OF INDIANA

2019 STUDENT SCHOLARSHIP RENEWAL FORM



THIS FORM CAN ONLY BE UTILIZED BY STUDENTS FOR THE
2019-2020 ACADEMIC YEAR.

Please Print All Information Requested Except Signature

If you were awarded a Kids' Chance Scholarship in past years, what were the amounts of the Awards?

2018 \$ _____ 2017 \$ _____ 2016 \$ _____ 2015 \$ _____

This completed form should be received by Kids' Chance of Indiana between April 1 and July 1.

Please email this form to: Scholarships@kidschancein.org.

Please include your prior terms academic grade report.

Please share photos with us from your school experience to post on the Kids' Chance of Indiana website.

I. STUDENT APPLICANT INFORMATION

Name of Student: _____
First Middle Last

School Attending: _____ Student ID#: _____

Academic Year: _____ Major: _____ GPA: _____

Present Address: _____
Street Apt. #

_____ City State Zip

Home/Cell Phone: _____ Email: _____

Please provide us with an update on your status as a student. Describe any changes, challenges or accomplishments that you'd like to share. Also include any information about a change in your financial circumstances:

Signature of student: _____

DATE: _____