

Kaleb Morales

Ranking : 6.00

2022-2023 Kids' Chance Scholarship Information :

Application Deadline: Friday, February 11, 2022

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. All applicants will be notified once the Kids' Chance Committee and LBF Board of Directors approve scholarship awards. 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 demonstrate substantial financial need.* 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.*() An exception may be made for attendance at an accredited out of state institution for extraordinary reasons. Please attach an additional page with an explanation of the extraordinary reasons.

Expectations of Scholarship Recipients: :

- 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: :

Scholarships range between \$500-\$3,000 and can be increased or decreased subject to the availability of funds, not to exceed the annual cost of tuition and books at the most expensive in-state public university.

Notification :

Recipients will be notified by e-mail in May. If you are selected to receive a scholarship, the following must be mailed by July 15, 2022 for scholarship funds to be released: * Copy of letter of acceptance to the Louisiana school you will be attending or class schedule for Fall 2021. * Copy of financial aid letter from school awarded for next school year * A recent photo (optional). * Spring 2021 final grades.

I have read and understand all of the above LBF Kids' Chance Scholarship Information. :

Yes

Application :

Are you a new applicant or a returning applicant? : New

Student Information :

1. Applicant Name: : Kaleb Morales

Internal Alias :

2. Date of Birth: : 2021-11-22

3. Home (Permanent) Address: : 123 Test Avenue

4. City: : Test City

5. State: : US-TN

6. Zip Code: : 08055

7. Home (Permanent) Phone Number: : 8888888888

8. Mobile Phone Number: : 8888888888

9. Applicant e-mail: : kaleb.morales@wizehive.com

10. Last 4 Digits of Social Security Number: : 1234

11. Names of Parents/Guardians: : this is a test

12. Parent/Guardian Address (if different than student's): : this is a test

13. Parent e-mail: : kaleb.morales@wizehive.com

14. Parent mobile phone: : this is a test

15. Number of persons living in household: : 5

16. How many are minors (under 18)? : 2

17. How did you hear about the Kids' Chance Program?: : this is a test

18. Cumulative GPA: : 4.00

Injured or deceased parent: :

Name: : this is a test

Date of Birth: : 2021-11-22

Last 4 Digits of Social Security Number: : 1234

Date of Injury: : 2021-11-22

Date of Death: : 2021-11-22

Nature and extent of injury: : this is a test

Name, address and telephone number of injured person's employer: : this is a test

Workers' compensation insurance carrier of employer: : this is a test

Louisiana Workers' Compensation claim number: : this is a test

Name, address and telephone number of injured person's attorney or insurance adjuster: : this is a test

Has the worker's compensation claim been settled? : Yes

Please include any documentation: : Test PDF Doc - Single Page.pdf

Please include settlement amount: : \$1,000

List all workers' compensation payments: : \$1,000

List all disability insurance payments: : \$1,000

List all social security benefits: : \$12,346

Do you live with the injured person? : No

Is other parent/guardian employed?: : No

If so, name and address of employer(s): : this is a test

Academic Information :

Name and address of high school attended: : this is a test

Names of schools, colleges or universities applied to: : this is a test

If you are attending an out of state institution, please attach an additional page with an explanation of the extraordinary reasons. : Test PDF Doc - Single Page.pdf

Major field of intended study: : this is a test

Anticipated college, university or school graduation date: : 2021-11-22

What is your Cost of Attendance (COA) for the 2022-23 school year? This should include tuition, fees, books & supplies costs, and living costs. You can find this on your school's website. : \$1,000

Career Objective: : this is a test

How will you finance your education? Please list all sources of income including loans, grants, scholarships, employment, savings, and parental or family contributions: : this is a test

Do you plan to live at home or on campus? : Home

Employment during school. Please include approximate number of hours per week: : this is a test

Other circumstances which you feel the Kids' Chance Committee should know in reviewing your request: : this is a test

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

My living situation, and the definition of my household for the purposes of this Application, is: : I live with my parent(s) as a part of their household. I am their “dependent” for tax purposes.

What is your EFC? (this is on your FASFA Student Aid Report as Estimated Family Contribution) : 123,456

Are there any significant financial changes since you completed FAFSA? : No

Are there any significant barriers not reflected in your EFC? : No

Document Uploads :

Proof that parent is totally disabled or parent’s death certificate: You must include one of the following documents or similar proof to be eligible: court order of permanent and total disability, social security disability, etc. : Test PDF Doc - Single Page.pdf

Copy of applicants birth certificate : Test PDF Doc - Single Page.pdf

Copy of FAFSA SAR : Test PDF Doc - Single Page.pdf

Letter of recommendation #1: from teacher, supervisor, community leader or guidance counselor : Test PDF Doc - Single Page.pdf

Letter of recommendation #2: from teacher, supervisor, community leader or guidance counselor : Test PDF Doc - Single Page.pdf

Official Transcript : Test PDF Doc - Single Page.pdf

Questionnaire :

This information may be used for publicity for the LBF Kids’ Chance Scholarship program.

1) Describe the nature and extent of the accident and any ongoing injuries in detail: : this is a test

2) List your honors, achievements and accomplishments: : this is a test

3) Explain your goals and career plans: : this is a test

4) How will Kids’ Chance help you achieve your goals? : this is a test

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? : this is a test

Authorization Statement :

I hereby certify that the information contained in this application is true and correct. As long as I am receiving LBF funds, 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.

Name: : Kaleb Morales

Date: : 2021-11-22

Parent Name: : this is a test.

Date: : 2021-11-22

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

Authorize :

Yes

Linked Profile - DO NOT DELETE : Kaleb

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