



# KIDS' CHANCE OF NEW JERSEY, INC. 2015-2016 STUDENT SCHOLARSHIP UPDATE FORM

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?  
2013 \$ \_\_\_\_\_ 2014 \$ \_\_\_\_\_ 2015 \$ \_\_\_\_\_

This completed form must be received by Kids' Chance of New Jersey **no later than Wednesday, July 1, 2015**. This form should be mailed to Kids' Chance of NJ, P.O. Box 166, Matawan, NJ 07747. This form may also be emailed to the Kids' Chance office at [info@kidschancenj.org](mailto:info@kidschancenj.org). For questions, please contact us at 201-481-7519 or email at [SherryLee36@aol.com](mailto:SherryLee36@aol.com)

**Please note that KCONJ must also receive a copy of the most current school transcripts before a Scholarship Renewal can be approved.**

## I. STUDENT APPLICANT INFORMATION

Name of Student:

\_\_\_\_\_

First

Middle

Last

School Attending: \_\_\_\_\_ Student ID#: \_\_\_\_\_

School Year: \_\_\_\_\_ Major: \_\_\_\_\_

Are you enrolled Full Time?  Yes  No

Cost of Tuition \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Present Address: \_\_\_\_\_

Street

Apt. #

County

\_\_\_\_\_

City

State

Zip

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What year will you be in the fall?  Freshman  Sophomore  Junior  Senior

Please provide us with an update on your status as a student. Also include any information stating a change in your circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of student: \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_