



KIDS' CHANCE OF NEW JERSEY, INC. 2016-2017 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 \$ _____ 2016 \$ _____

This completed form must be received by Kids' Chance of New Jersey **no later than Wednesday, July 1, 2016**. 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. For questions, please contact us at 201-481-7519 or email at SherryLee36@aol.com

Please note that KCNJ 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 _____