

# SFM Foundation scholarship application



Guidelines



Application  
form



Additional  
documents



SFM foundation   
MINNESOTA | IOWA  kids' chance



## Scholarship guidelines

### Basic eligibility requirements

- Must be the natural, adopted, step-child or full dependent of a worker injured or killed in a work-related accident during the course and scope of employment with a Minnesota- or Iowa-based employer and entitled to receive benefits under the Minnesota Workers' Compensation Act, Iowa Workers' Compensation Act or other comparable benefit program exclusive to work-related injuries.
- Must be a Minnesota or Iowa resident between the ages of 16 and 25 at the time of the application.
- Must be a citizen of the United States or a lawful permanent resident.
- Must have a high school diploma, GED or be a high school student in good standing. Academic achievement, aptitude, extracurricular activities, and community service of the applicant is considered.
- Grade point average will be reviewed against the number of hours the applicant works and his/her community involvement.
- Must be pursuing a primary college or university degree (bachelor's or associate's) or vocational education and training (certificate or license) from any accredited school.
- Must demonstrate financial need.

### Expectations of scholarship recipients

- Provide proof of enrollment for each semester at participating educational institution.

- Must submit official grade report at the end of each completed semester/term.
- Must maintain satisfactory grades of a cumulative "C" average or higher and stay continuously enrolled with at least 12 credits.
- Prompt response to requests from the SFM Foundation for documents, school invoices, grade reports, etc.
- Prompt notification of dropped classes or withdrawal from school.
- Cooperation in responding to requests to attend SFM Foundation functions such as fundraising events, seminars, etc. (Attendance is not required, but we encourage students to be willing to appear on our behalf.)

### Uses of scholarship

- Tuition, books, and fees (excludes room and general living expenses).
- Scholarship funds will be paid directly to the educational institution in two equally apportioned installments during the school year (timing may vary by school).
- Amount awarded may range between \$1,000 and \$10,000 annually and is renewable.

### Deadline

- Scholarships are awarded annually each spring. Scholarship applications must be received by SFM Foundation by March 31.



## About SFM Foundation

SFM Foundation is a non-profit organization created to administer a scholarship program to benefit children of workers injured or killed in work-related accidents. SFM Foundation is an affiliate of SFM Companies, a regional workers' compensation insurance group with headquarters in Bloomington, Minnesota, and is also an affiliate of Kids' Chance of America in Iowa and Minnesota.

Our mission is to assist deserving students who have been affected by a parent's work-related injury regardless of who the insurer was at the time of injury. All applications are graded independently regardless of the applicant's insurer.

This application information and application form may be downloaded at [sfmfoundation.com/application.pdf](http://sfmfoundation.com/application.pdf)

More information about the SFM Foundation scholarship program is available at [sfmfoundation.com](http://sfmfoundation.com)

 [facebook.com/sfm.foundation](https://facebook.com/sfm.foundation)

 [twitter.com/sfmfoundation](https://twitter.com/sfmfoundation)

 [linkedin.com/company/1505370](https://linkedin.com/company/1505370)

Mailing address: SFM Foundation, P.O. Box 9447  
Minneapolis, MN 55440-9447

Phone: (855) 621-2076 | Fax: (952) 838-2009

Email: [info@sfmfoundation.com](mailto:info@sfmfoundation.com)

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# Application form

Please send completed application form and **all** documentation listed under “Additional documents you need to provide,” page 6, to the following: SFM Foundation, P.O. Box 9447, Minneapolis, MN 55440-9447. Fax (952) 838-2009. Telephone (855) 621-2076. Email info@sfmfoundation.com. This application information and form may be downloaded at [sfmfoundation.com/application.pdf](http://sfmfoundation.com/application.pdf).

## I. Applicant information

*Please print clearly*

Name (last, first, middle)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Street address	City, state, zip
Student cell phone No. and cell carrier provider (ex. Verizon, Sprint, AT&T)	Email address
Date of birth	
Father's name	Mother's name
Do you know or are you related to anyone at SFM Mutual Insurance Co. or its subsidiaries? If so, please indicate who and the relationship.	Current grade in high school or college (10th, 11th, 12th, etc.)
How did you learn about SFM Foundation?	To which racial or ethnic group(s) do you most identify? <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or American Indian <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other

## II. Information regarding injured or deceased parent or legal guardian

### A. Identification of injured or deceased parent or legal guardian

Full name of injured or deceased parent or legal guardian	Date of injury or death
Nature and extent of parent or legal guardian's injury (attach additional sheet)	How has this injury affected you or your household (attach additional sheet)

### B. Parent's or legal guardian's employer at time of injury/death

Employer of parent or legal guardian at time of work injury	Employer address
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### C. Workers' compensation insurance company information

Name of insurer	
Insurer telephone No.	Insurer email
Claims representative name	Insurer claim No.
	Is this injury admitted or denied by the insurer

### D. Attorney representing injured or deceased parent or legal guardian (if applicable)

Name of attorney	Name of attorney firm
Attorney address	
Attorney email	Attorney telephone No.

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### III. Applicant's academic background

#### A. High school

Name of high school	Address of high school
Extra-curricular school and community activities	Current cumulative GPA (attach documentation)
ACT or SAT score	Class rank

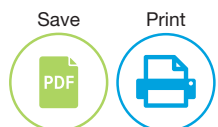
#### B. College already attended (if applicable)

Name of college	Address of college
Extra-curricular school and community activities	Current cumulative GPA (attach documentation)

#### C. Future plans for college (for which you will use this scholarship). Note: Please attach documentation verifying college acceptance (see page 6, item 8).

Type of education (4-year degree, 2-year degree, vocational school, other)	Date you plan to begin school
Name of college	Address of college
Career objective	Major field of intended study
Annual tuition	Will you be a commuter student or live on campus?
Other types of scholarships you have applied for	Scholarships or financial aid you have already been awarded
Expected graduation date	

Any other information you feel we should consider. (Attach additional sheet if necessary.)



#### IV. Household financial information

(Note: Household is defined as the residence wherein the injured parent/guardian lived at the time of injury OR where the student applying currently resides if separate residences are involved. All information should be based on the most recent available tax records at the time of application.)

All financial information should be based on most recent available tax records at time of application.

##### A. Parental information

What was your parents' adjusted annual gross income last year?	Your parents' number of family members in most recent tax year.
How many people in your parents' household will be college students when you enroll? <small>Always count yourself. Do not include your parents. Include others only if they will attend, at least half-time in a program that leads to a college degree or certificate.</small>	In the current year or one year prior, did you or anyone in your household receive benefits from any of the benefits programs listed? Mark all the programs that apply. <input type="checkbox"/> Social Security Income \$ <input type="checkbox"/> Work Comp Settlement or payments \$ <input type="checkbox"/> Disability Insurance Payment \$ <input type="checkbox"/> Welfare \$ <input type="checkbox"/> Child support \$

##### B. Student finances

What was your adjusted gross income?
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##### C. Other information

Is any member of your household currently a plaintiff/claimant in a lawsuit from which additional income or settlement may be awarded? If so, please explain.	Money received, or paid on your behalf, not reported elsewhere on this form.
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##### D. Financial gap

After taking into account all awarded scholarships, grants and school financial aid packages, what is the annual net financial gap you anticipate will be paid out of pocket or via student and/or parent loans?
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#### V. Assistance with application

List names and telephone numbers of all who assisted with preparation of this document.
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## Additional documents you need to provide with your application

To ensure that your Scholarship Application is reviewed and processed timely, it is important to include **all** necessary documentation.

### The items you are required to provide:

- SFM Foundation Scholarship application form** — completed and signed.
- Certified high school transcript** (must include grades and attendance). Note: If you have previously attended or are currently attending college, the previous semester’s college certified transcript is required.
- Copy of your recent school identification card** or valid state driver’s license/identification card.
- Two original letters of recommendation.** Note: Must not be from a relative.
- Brief description of nature and extent of parent or legal guardian’s injury.** Describe on application Section II A or attach additional sheet if necessary.
- Certified death certificate of parent or legal guardian** (if applicable).
- First Report of Injury.** This is a state report verifying the work-related injury. Can be obtained from date-of-injury employer, the employer’s workers’ compensation insurance company, your attorney (if applicable) or the Minnesota Department of Labor and Industry or Iowa Workforce Development.  
To view a sample copy see —  
  - Minnesota: [view sample >](#)
  - Iowa: [view sample >](#)

If you need assistance obtaining a copy of the First Report of Injury, please contact us. Your application will not be considered without a copy attached.
- Verification of college acceptance** and/or past attendance.
- Estimated costs:** registration, tuition, textbooks, and living expenses (room and board).
- One-page explanation letter:** educational goals and need for financial assistance.



## Statement of intent/authorization for release of information

### By signing below I hereby acknowledge:

- That I am applying for a scholarship through SFM Foundation.
- That the above information is true and accurate to the best of my knowledge.
- That I authorize SFM Foundation, affiliates and any of its employees, assigns or agents to contact the persons or organizations I have listed (or others) as needed to research my qualifications for this scholarship.

SFM Foundation pledges all personal information regarding the applicant will be kept confidential by SFM Foundation and not disclosed to any other person without the applicant’s prior consent. However, in return for the consideration of the application form, SFM Foundation is allowed to use applicant’s name, photo, and general information to advance the charity’s purpose and for reporting requirements. This includes information to prospective donor groups and individuals to further the goals of SFM Foundation.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

