



**COLORADO**

Department of  
Higher Education

## Colorado Second Chance Scholarship Application

IF YOU WOULD LIKE TO RECEIVE A HARD COPY OF THE APPLICATION FORM, PLEASE CONTACT THE SECOND CHANCE SCHOLARSHIP PROGRAM BY EMAILING [SECONDCHANCE@DHE.STATE.CO.US](mailto:SECONDCHANCE@DHE.STATE.CO.US) OR CALLING (303) 974-2499.

**APPLICATION DUE DATE IS APRIL 15, 2020**

### APPLICANT INFORMATION

**LEGAL** Name:

\_\_\_\_\_ Last First M.I.

Date of birth: \_\_\_\_\_

Date of commitment to DYS if known: \_\_\_\_\_ Date of release from DYS if known: \_\_\_\_\_

Your legal first & last names and date of birth will be used to verify your commitment to the Division of Youth Services (DYS) and to confirm your enrollment in the college/school you list in this application.

\*\*\* Please initial here that you agree to DYS verification and enrollment confirmation from the school. \_\_\_\_\_

Important note: If you do not agree to verification and confirmation, we will not be able to verify that you are eligible for the scholarship and your application will not be considered.

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

STREET

\_\_\_\_\_ CITY STATE ZIP CODE

Cell/Home Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you want us to contact you? EMAIL  CALL  TEXT

### PREVIOUS EDUCATION INFORMATION

Have you completed a high school diploma or a high school equivalent (GED or HiSET)? YES  NO

If yes, please indicate the date: \_\_\_\_\_ (Answer "Present" if currently attending high School)

Name of high school you graduated from or currently attending: \_\_\_\_\_

City & State: \_\_\_\_\_

If you have earned a high school equivalent, please check the type of test you took & passed: GED  HiSET

**\*\*\*SUBMITTING YOUR HIGH SCHOOL TRANSCRIPT OR RELEVANT TEST (GED OR HiSET) CERTIFICATE IS OPTIONAL\*\*\***

If you do **NOT** have a high school diploma or equivalent, please describe why you didn't complete and tell us why you should be awarded this scholarship. Not having a high school diploma or equivalent will not disqualify you from receiving the scholarship.

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Do you have any college credits? YES  NO  If yes, please indicate number of credit hours earned \_\_\_\_\_

Do you have another postsecondary certificate or degree? YES  NO

If yes, please list type of degree/certificate \_\_\_\_\_

Please indicate name, city and state of institution where the college credit or degree was earned:

NAME

CITY

STATE

## SCHOOL / PROGRAM INFORMATION

View this [Directory of Postsecondary Institutions](#) for a list of institutions approved to operate in Colorado. Please check the list of Private Occupational Schools for approved career/technical certificate and online programs on that page.

Postsecondary Institution you plan to attend or are attending:

NAME

CITY

STATE

PROGRAM

Have you been accepted into this program? YES  NO  PLEASE SUBMIT THE ACCEPTANCE LETTER FROM THE SCHOOL.

Expected Program Start Date: \_\_\_\_\_ Expected Credential Completion Date: \_\_\_\_\_

**Credential Type:** Certificate Program  1-year or less  
2-year Associate's Degree Program   
4-year Bachelor's Degree Program   
Other (Specify) \_\_\_\_\_

Enrolled **Full-time** (12 credit hours or more)  **Part-time**  If part-time, indicate credit hours planned \_\_\_\_\_

First-time Credential/Degree Seeker  Continuing Student  Second-time Credential/Degree Seeker   
(First-time credential seekers will be given priority in the screening process)

## PERSONAL STATEMENTS

Answer the three questions below in your own words. Each question with your answer should be on a separate page. Put the question at the top of the page with your answer below. You can use up to one page for each question and answer.

1. How has the experience of being committed to DYS changed you?
2. What are your career goals/plans and how do they relate to the credential you seek to complete with the Second Chance Scholarship?
3. Please **choose one** of the questions below to answer:
  - a. What kind of support will you need to be successful in pursuit of a postsecondary credential? Why?
  - b. What are your strengths and unique traits? Describe how they will help you in the future.
  - c. What is one story you can tell us about yourself that reveals your personality or attitude toward life?

## RECOMMENDATION LETTERS

Find three people that will write you a recommendation letter. These people should be someone in your community who can speak specifically about your capabilities, level of motivation, educational goals, and career plans. People you could ask may include a former or current employer, colleague, mentor, teacher, someone who works with you, landlord, case manager, parole officer/client manager, client, clergy member, neighbor, friend, or family member, among others. No more than one recommendation letter may come from a friend or family member.

Please ask the recommender to include your name and submit their letter **directly** to [secondchance@dhe.state.co.us](mailto:secondchance@dhe.state.co.us) no later than April 15, 2020. The letter can also be mailed to:

Attention to: Second Chance Scholarship Program  
Colorado Department of Higher Education  
1600 Broadway, Suite 2200, Denver, CO 80202

## WORK / VOLUNTEER EXPERIENCE

Tell us about any work or volunteer experience you may have.

|                  |      |      |                |
|------------------|------|------|----------------|
| Name of Employer | City | Role | Hours per Week |
|------------------|------|------|----------------|

|                  |      |      |                |
|------------------|------|------|----------------|
| Name of Employer | City | Role | Hours per Week |
|------------------|------|------|----------------|

|                                |      |      |                |
|--------------------------------|------|------|----------------|
| Name of Volunteer Organization | City | Role | Hours per Week |
|--------------------------------|------|------|----------------|

|                                |      |      |                |
|--------------------------------|------|------|----------------|
| Name of Volunteer Organization | City | Role | Hours per Week |
|--------------------------------|------|------|----------------|

## FINANCIAL NEED DEMONSTRATION FORM

Please complete **ONE** of the financial need demonstration forms, depending on the length of your program.

### FINANCIAL NEED DEMONSTRATION FORM - Programs of 1-Year or Less

|  |  |
|--|--|
| <b>Expected Program Start Date:</b>                                    | <b>Program Length:</b>                                       |
| <b>Name of School:</b>   | <b>Certificate or Boot Camp<br/>Program less than 1 year</b> |
| <b>COST OF ATTENDANCE</b>  |  |
| HINT: Enter the cost of attendance according to the length of program. |  |
| Tuition & Fees   |  |
| Room & Board   |  |
| Textbooks & General School Supplies                                    |  |
| Program-Specific School Supplies (ex. scrub or additional lab fee)     |  |
| Transportation   |  |
| Licensing & Certification Fees   |  |
| Health Insurance if not covered by Medicaid                            |  |

|   |  |
|---|--|
| Other School-Related Financial Needs, including daycare and/or other miscellaneous educational expenses |  |
| Education Loan Repayment (2nd credential seekers ONLY)  |  |
| <b>TOTAL COST</b>   |  |
| <b>FINANCIAL AID AWARDED</b>  |  |
| <b>GRANTS/SCHOLARSHIPS</b>  |  |
| College Opportunity Fund (COF)* Only if not already deducted from tuition & fees                        |  |
| Pell Grant(s) if applicable   |  |
| Private Scholarship if applicable   |  |
| Other Scholarships if applicable  |  |
| Work Study/Student Employment if applicable   |  |
| <b>TOTAL FINANCIAL AID</b>  |  |
| <b>Parent savings &amp; contributions (ONLY if applicable)</b>  |  |
| <b>My contributions (e.g., my wage if enrolled less than half-time)</b>                                 |  |
| <b>WIOA Eligible Programs (Federal Workforce) if applicable</b>   |  |
| <b>Total Contributions</b>  |  |
| <b>UNMET Financial Need:</b><br>Total Cost - (Total Financial Aid + Contributions)                      |  |

### FINANCIAL NEED DEMONSTRATION FORM for Greater than 1-year Programs

|  |  |
|--|--|
| <b>Name of School:</b>   | <b>More than 1-year Programs</b><br>(ex. 2-year or 4-year degree programs) |
| <b>COST OF ATTENDANCE for the Entire Year</b>                      |  |
| Tuition & Fees   |  |
| Room & Board   |  |
| Textbooks & General School Supplies                                |  |
| Program-Specific School Supplies (ex. scrub or additional lab fee) |  |
| Transportation   |  |
| Licensing & Certification Fees                                     |  |

|   |  |
|---|--|
| Health Insurance if not covered by Medicaid   |  |
| Other School-Related Financial Needs, including daycare and/or other miscellaneous educational expenses |  |
| Education Loan Repayment (2nd credential seekers ONLY)  |  |
| <b>TOTAL COST</b>   |  |
| <b>FINANCIAL AID AWARDED</b>  |  |
| <b>GRANTS/SCHOLARSHIPS</b>  |  |
| College Opportunity Fund (COF)* Only if not already deducted from tuition & fees                        |  |
| Pell Grant(s) if applicable   |  |
| Private Scholarship if applicable   |  |
| Other Scholarships if applicable  |  |
| Work Study/Student Employment if applicable   |  |
| <b>TOTAL FINANCIAL AID</b>  |  |
| <b>Parent savings &amp; contributions (ONLY if applicable)</b>  |  |
| <b>My contributions (e.g., my wage if enrolled less than half-time)</b>                                 |  |
| <b>WIOA Eligible Programs (Federal Workforce) if applicable</b>   |  |
| <b>Total Contributions</b>  |  |
| <b>UNMET Financial Need:</b><br>Total Cost - (Total Financial Aid + Contributions)                      |  |

## ACKNOWLEDGEMENT AND RELEASE

I, (Full Name) \_\_\_\_\_, give permission and consent to the educational institution I am attending or will attend to release financial aid information to the Second Chance Scholarship selection committee. I give consent to release my student reports and education records, including but not limited to grade point average, age, financial aid, enrollment and attendance records.

I give approval to Second Chance Scholarship Program of the Colorado Department of Higher Education to issue a news release highlighting my scholarship award and achievement if I am selected as a Resilience Scholar, listing my name, program of study, and scholarship amount.

I affirm that this release will remain in effect until revoked by me in writing. I understand that my eligibility for continuing Second Chance Scholarship awards are contingent on maintaining a cumulative 2.0 Grade Point Average (for two- and four-year programs) or passing grades (for certificate programs).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACKNOWLEDGEMENT AND RELEASE

I, (Full Name) \_\_\_\_\_, give permission and consent for the Second Chance Scholarship Program Coordinator and my academic advisor/supportive services professionals to share information regarding my enrollment, academic standing, attendance, and support needs with one another.

\_\_\_\_\_  
Name of School

Advisor Name: \_\_\_\_\_ Advisor Email: \_\_\_\_\_  
(Optional) (Optional)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The Second Chance Scholarship Program *strongly* encourages students to take full advantage of on-campus resources. As part of the scholarship process, we ask that you identify and reach out to at least one academic support person – an academic or financial advisor, a TRiO worker, etc. By making this initial contact with a support person, you will ensure that you have a contact for extra support.**

## ACKNOWLEDGEMENT

To the best of my knowledge, I have provided the **Second Chance Scholarship Program** full and truthful information concerning all questions on this application. I agree to report to the **Second Chance Scholarship Program** any factors (such as change of address, change of school status, change of marital status, change of income, etc.) which could affect consideration of my application. I understand that failure to provide true and complete information could result in withdrawal of current financial assistance and potential collections action for all previous scholarship money awarded by the **Second Chance Scholarship Program**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Please submit or upload this application package complete with your personal statements and other required or supplemental documents no later than April 15, 2020. All can be emailed to [secondchance@dhe.state.co.us](mailto:secondchance@dhe.state.co.us) or mailed to:**

Attention to: Second Chance Scholarship Program  
Colorado Department of Higher Education  
1600 Broadway, Suite 2200  
Denver, CO 80202

**Required Documents to Upload or Submit:**

- Application Form
- Personal Statements (Three)
- Program Acceptance Letter from School
- Official College Transcript for Students with Some College Credits

**Documents That Other People MUST Submit DIRECTLY to the Second Chance Program on Your Behalf:**

- Three Letters of Recommendation
- Additional Letter(s) of Recommendation

**Optional Documents to Upload or Submit to Supplement the Application:**

- Resume
- High School Transcript
- GED or HiSET Certificate or Transcript
- Test Score(s) (ex. ACT, SAT, CMAS, PSAT, Accuplacer, & etc.)
- Proof of School Enrollment

If you have questions about the application, your eligibility, or qualified types of program or postsecondary institution, please email the Second Chance Scholarship program coordinator at [secondchance@dhe.state.co.us](mailto:secondchance@dhe.state.co.us) or call (303) 974-2499.