Dear Kidney / Kidney Transplant / Urology Patient, Caregiver, or Healthcare Professional:

The Kidney & Urology Foundation of America is proud to offer the Bright Star Recognition Award. The Bright Star Recognition Award honors kidney/kidney transplant or urology patients, healthcare providers or caregivers for their courage, strength, determination, generosity of spirit, and kindness. Recipients of the Bright Star award can be of any age; however, school-aged children are encouraged to apply for the Covelli Family Achievement Award and graduating high school students are encouraged to apply for the Kidney & Urology Foundation of America Scholarship Award. Parents, grandparents, other family members, community members, healthcare staff, etc. can be nominated for the Bright Star award if they have made a significant contribution to the life (or lives) of a kidney/urology patient(s).

To be considered for this award, all guidelines must be met in full. Please take the time to carefully review the instructions before submitting the enclosed application forms. Applicants for the Bright Star Recognition Award should not apply for any other KUFA awards at the same time. You will receive notification of a decision in August 2020.

The completed application form must be received by the Kidney & Urology Foundation by Friday, May 22, 2020 to be considered for this award cycle. Please note: We will not accept faxed applications. The entire application, including letters of recommendation, must be mailed together.

Best of luck!

Carol Brower
Program Director
Kidney & Urology Foundation of America
BRIGH T S TAR
R EC OGNITION A W A R D

The Bright Star Recognition Award is offered to kidney/kidney transplant or urology patients, healthcare providers or caregivers who exemplify qualities such as courage, strength, determination, generosity of spirit, and kindness. Each recipient will be presented with a check for $250 and a certificate saluting his or her achievement.

Instructions:
Nominator: To nominate someone for the Bright Star Recognition Award, please complete the attached application form and follow the instructions provided below:

- Please complete the application.
- Please answer questions below on a separate sheet(s) of paper (no more than two pages, total). Please number each question and answer. Your answers should be TYPED.
- Please include the nominee’s name at the top of each additional sheet of paper.
- Nominator: Please mail this application along with answers to questions and sign at the bottom of page 4. No faxed applications will be accepted.
- Return the completed application with attachments to the Kidney & Urology Foundation of America (address below). Entire application must be received by Friday, May 22, 2020.
  
- You may want to keep a copy for your own records.

____________________________
Nominee's Name

____________________________
Medical Center

DEADLINE: Received by Friday, May 22, 2020
Personal Information about Nominee:

Name: ____________________________________________

Home Address: ______________________________________

City, State, Zip Code: __________________________________

Phone: ___________________________ Email: ___________________________

Age: ___________________________ Date of Birth: ___________________________

Medical Facility (where applicable): ________________________________________

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Nominated by (Check one):

☑ Social Worker          ☐ Nurse          ☐ Dietitian
☐ Physician            ☐ Patient        ☐ Other __________

Name of Nominator: ________________________________________________

Phone: ___________________________ Fax: ___________________________

Email: ___________________________

Medical Facility (if applicable): ______________________________________

Full Address: ________________________________________________

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Name of Nominee’s Physician: ______________________________________

Medical Facility: ________________________________________________

Full Address: ________________________________________________

Phone: ___________________________ Fax: ___________________________

Email: ___________________________

Nominee's Name ___________________________ Medical Center ___________________________

DEADLINE: Received by Friday, May 22, 2020
Please type answers to the following questions on a separate sheet(s) of paper and attach to this application. Please keep typed answers to two pages total, if possible, and include name of nominee on each page:

1. Describe the nominee’s achievements in any of the following areas: career, athletics, social and family life, creative endeavors, volunteer work, and academics.

2. What special contributions has the nominee made to the renal or urology community? To the general community?

3. What obstacles has the nominee had to overcome?

4. How long has the nominee been a renal/urology patient or been caring for a patient?

5. What impact has this nominee made on other patients and staff at the medical facility?

6. What qualities do you and others most admire in the nominee and why have you chosen to nominate this particular patient for the Bright Star Recognition Award?

Nominator’s Signature: ___________________________ Date: ________________

Nominee's Name ________________________________
Medical Center ________________________________

DEADLINE: Received by Friday, May 22, 2020