

# KIDNEY & UROLOGY

FOUNDATION of AMERICA, INC.

Phone: 800.633.6628 • [www.kidneyurology.org](http://www.kidneyurology.org)

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Dear Renal/Urology Health Professional, Patient or Family Member:

The Kidney & Urology Foundation of America, Inc. is proud to offer the **Bright Star Recognition Award**. The Bright Star Recognition Award honors kidney/urology patients, their family members and 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 Award* and graduating high school students are encouraged to apply for the *Kidney & Urology Foundation of America Scholarship Award*. Parents, grandparents, other family, 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 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 July 2010.

Completed application forms must be *received* by the Kidney & Urology Foundation by **Friday, May 7, 2010** 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!



Heather Reel  
Program Associate  
*Kidney & Urology Foundation of America*

## B R I G H T   S T A R

### P A T I E N T   R E C O G N I T I O N   A W A R D

The **Bright Star Patient Recognition Award** will be offered to kidney or urology patients, or family members, 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:**

To nominate a patient, or family member, for the Bright Star Patient Recognition Award, please complete the attached application form and follow the instructions provided below:

- *Answer questions 1-8 on separate sheet(s) of paper (no more than 3 pages, total). Your answers must be TYPED.*
- *Please be clear as to which questions you are answering and make sure to write the nominee's name and medical center at the top of each additional sheet of paper.*
- *All applications must be typed or word processed.*
- *Use these forms as your cover sheets and sign at the bottom of the second page.*
- *Return your nomination form to the Kidney & Urology Foundation of America. Completed forms must be received by **Friday May 7, 2010**.*

***Note:** All nominees will be required to allow the Kidney & Urology Foundation of America, Inc. to mention their name, institution and testimonial and to include photos in communications surrounding the awards, including on KUFA website. Nominees are also asked to participate in KUFA programs where possible.*

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Nominee's Name \_\_\_\_\_  
Medical Center \_\_\_\_\_

**DEADLINE: Received by Friday, May 7, 2010.**

**MAIL COMPLETED APPLICATION TO:**  
Kidney & Urology Foundation of America, Inc.  
Attn: Heather Reel  
152 Madison Avenue, Suite 201  
New York, NY 10016  
TEL: 212.629.9770

**Personal Information – Nominee**

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Nominated by** (Check one):

- |  |                                  |                                      |
|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Nurse   | <input type="checkbox"/> Dietitian   |
| <input type="checkbox"/> Physician     | <input type="checkbox"/> Patient | <input type="checkbox"/> Other _____ |

**Name of Nominator:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Medical Facility Name: \_\_\_\_\_

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

**Name of Nominee's Physician:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Nominee's Name \_\_\_\_\_

Medical Center \_\_\_\_\_

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**Please type answers to the following questions on a separate sheet of paper and attach to this page:**

1. Describe the nominee's achievements in areas such as career, athletics, social and family life, creative endeavors, and academics.
2. What special contributions has the nominee made to the renal or urologic community?
3. How has the nominee contributed to the general community?
4. What obstacles has the nominee had to overcome?
5. What qualities do you and others most admire in the nominee?
6. How long has the nominee been a renal/urology patient or been caring for a patient?
7. What impact has this nominee made on other patients and staff at your medical facility?
8. Why have you chosen to nominate this particular patient for the Bright Star Patient Recognition Award?

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Nominee's Name \_\_\_\_\_  
Medical Center \_\_\_\_\_

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