

KIDNEY & UROLOGY

FOUNDATION of AMERICA, INC.

Phone: 800.633.6628 • www.kidneyurology.org

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 and family members 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 2009.

Completed application forms must be *received* by the Kidney & Urology Foundation by **Friday, May 8, 2009** 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 awarded annually 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. In addition, a check for \$250 will be awarded to their medical facility's patient services fund.

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 8, 2009**.*

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.

Nominee's Name _____
Medical Center _____

DEADLINE: Received by May 8, 2009

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): Social Worker Nurse Dietitian
 Physician Patient 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: _____

Nominee's Name _____
Medical Center _____

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