Dear Renal and Urology Health Professional or Patient:

The Kidney & Urology Foundation of America, Inc. is proud to offer the Kidney & Urology Foundation of America Scholarship Award. The Kidney & Urology Foundation of America Scholarship helps youth and young adults, aged 17-25, who are diagnosed with kidney or urologic disease and who demonstrate financial need, the ability to focus on their academics and continue their college education with renewable awards of up to $2,000 per year. This scholarship is renewable for a maximum of up to 4 years.

Please carefully read through the Guidelines and Application Instructions outlined on the following pages. If you are applying for this scholarship, you should not apply for any other KUFA award. The scholarship review committee may consider non-funded scholarship applications for other KUFA awards. **In order to be considered for this award all guidelines must be met in full.**

Completed forms must be received by **Thursday, May 29, 2008** to be considered for this award cycle. You will receive notification of a decision in July 2008. At the end of this application, we have provided a Checklist that indicates all items which must be completed and returned to us.

Good luck!

Dalia Mechanic  
Program Associate  
*Kidney & Urology Foundation of America*
KIDNEY & UROLOGY FOUNDATION OF AMERICA
SCHOLARSHIP AWARD

GUIDELINES:

• The KUFA Scholarship Award of up to $2,000 per year will be awarded on the basis of the candidate’s achievements, commitment to pursuing an education, and financial need.

• Applicants from KUFA’s participating partner centers will be considered with priority. To find out if your center is a participating partner or to become a participating partner contact KUFA at 212.629.9770 or 1.800.63.DONATE

• Applicants must be graduating from high school this year or must have already graduated from high school (aged 17-25).

• Applicants of this Scholarship should not apply for any other KUFA award. At the discretion of the review committee, you may be considered for an alternative KUFA award if you do not qualify for this one. There will only be one award per applicant.

• Awardees of this scholarship will receive the scholarship money in two payments; one in October and one in April. Receipt of the second half of the award will be contingent upon submission of a brief report (1 typed page) describing recent achievements and activities, which will be due in February. An official school transcript (unofficial will also be accepted) will be required at that time. A minimum of a C average, or its equivalent, will be required for receipt of the second half of the award.

• Awardees will be eligible to renew the scholarship for up to 3 additional years in order to complete their studies. If at any point during this process, or during your academic studies, any of your contact information changes, including changes in academic institution from your original application, KUFA must be notified immediately IN WRITING. Each year, a letter of intent to renew must be submitted to KUFA, along with the academic year-end report and academic transcript. Should you be awarded this scholarship, more information will be provided to you regarding the renewal process.

• Checks will only be made payable directly to the institution you are attending, and will never be made payable to you.

• If at any point during your academic studies you take a leave of absence, you must notify KUFA immediately IN WRITING. Reinstatement of scholarship funds will be contingent upon review by committee.

• This application must be received by KUFA by Thursday, May 29, 2008

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.

Name of Applicant:__________________________________________

Kidney & Urology Foundation of America

· phone- 212.629.9770 · fax- 212.629.5652 · www.kidneyurology.org
APPLICATION PROCESS / INSTRUCTIONS:

Applicants are required to submit all of the following:

- The completed application form.

- A 1-2 page typed essay answering the following to the best of your ability:
  - How has kidney or urological disease impacted your life? Please indicate a brief description of your medical condition.
  - Describe your educational background, extracurricular activities, hobbies and personal interests.
  - What special contributions have you made to the renal, urology or transplant community?
  - What are your education goals and how will this scholarship help you attain those goals?
  - Kidney or urologic disease affects all of the scholarship applicants. Why in particular should you be selected?
  - Are there any extenuating circumstances involving you or your family that sets you apart from other applicants? Do you have any siblings in college? Please take the opportunity in this essay to explain your circumstances.

- A letter of recommendation, on official letterhead, from a nephrology professional nominator (ie. physician, transplant coordinator, nurse, social worker) caring for the patient who can discuss the applicants’ strengths, admirable qualities, challenges and how the applicant will complete his/her course of study while complying with their treatment regimen.

- A letter of recommendation, on official letterhead, from a teacher or administrator nominator from current academic institution who can discuss the applicants’ strengths, admirable qualities, challenges and success in their academic field.

- OPTIONAL: an additional letter of recommendation from a healthcare provider, educator, mentor or community member.

- Proof of acceptance by desired college.

- A tuition bill.

- Applicants must demonstrate financial need by submitting their most recent W-2 or FAFSA form. Applicants under the age of 18 or who live with and/or supported by their parents will be required to document their parent’s financial status by submitting a W-2 form or FAFSA.

- Incomplete applications will not be considered and applications will NOT be accepted by fax.

- Applications will be accepted by mail AFTER MARCH 15, 2008 TO: Kidney & Urology Foundation of America Attn: Dalia Mechanic, 152 Madison Avenue, Suite 201 New York, NY 10016
APPLICATION FORM

APPLICANT PERSONAL INFORMATION:

Name: _____________________________________________

Address: ___________________________________________

City, State, Zip Code: _________________________________

Phone: __________________ Fax: ____________ Email: _____________________

Age: ___________________ Date of Birth: ___________________

EDUCATIONAL DATA:

_____ I am currently a high school senior                          Current GPA:__________

_____ I am attending college   What year?__________ Current GPA:__________

Name of college you will be attending:______________________________

Address: _________________________________________________________

City, State, Zip Code: __________________________

Phone: __________________ Fax: ____________ Email: _____________________

What other funding have you applied for or expect to receive? Please Explain:_______________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I understand that I will be asked to participate in programs and fundraising activities of
the Kidney & Urology Foundation of America to help them continue to offer scholarships
and other patient based programs.

I guarantee the accuracy and truth of this application and agree that the information in
this application may be verified.

Nominee Signature:_______________________________ Date:__________________

Name of Applicant:__________________________________________
KUFA Scholarship

APPLICANT'S PHYSICIAN INFORMATION:

Name of Doctor:________________________________________________________________

Address:_______________________________________________________________________

City, State, Zip Code: _______________________________________________________________________

Phone: ___________________ Fax: ___________ Email: ________________

HEALTHCARE NOMINATOR INFORMATION:

Same as above? Check here if yes: _______________________ If not, complete the following:

Name:________________________________________________________________________

Name of Facility:_______________________________________________________________

Address:________________________________________________________________________

City, State, Zip Code: _______________________________________________________________________

Phone: ___________________ Fax: ___________ Email: ________________

• PLEASE ATTACH LETTER OF RECOMMENDATION ON LETTERHEAD

EDUCATOR NOMINATOR INFORMATION:

Name of Educator:______________________________________________________________

Name of School:_____________________________________________________________________

Address:________________________________________________________________________

City, State, Zip Code: _______________________________________________________________________

Phone: ___________________ Fax: ___________ Email: ________________

• PLEASE ATTACH LETTER OF RECOMMENDATION ON LETTERHEAD

Name of Applicant:__________________________________________
KUFA Scholarship

ADDITIONAL NOMINATOR INFORMATION (OPTIONAL):

Name:________________________________________________________________________

Relationship to applicant:_________________________________________________________

Address: _______________________________________________________________________

City, State, Zip Code: _______________________________________________________________________

Phone: ___________________________ Fax: _______________ Email: _______________

• PLEASE ATTACH SIGNED LETTER OF RECOMMENDATION
KUFA Scholarship

CHECKLIST
(To be returned with application)

AFTER MARCH 1, 2008 MAIL TO:
Kidney & Urology Foundation of America Attn: Dalia Mechanic
152 Madison Avenue, Suite 201
New York, NY 10016

1. _____ The completed Application form.
2. _____ Your 1-2 page typed Essay.
3. _____ Letter of recommendation from nephrology professional nominator on official letterhead.
4. _____ Letter of recommendation from teacher or administrator nominator on official letterhead.
5. _____ Proof of Acceptance by desired college.
6. _____ Copy of Tuition Bill.
7. _____ W-2 form or FAFSA as proof of financial need.
8. _____ Picture of Nominee.
9. _____ Entire application, returned to KUFA BY MAIL by Thursday, May 29, 2008.
10. _____ Please keep a copy of completed application for your records.

*Incomplete applications will NOT be considered*

Name of Applicant:__________________________________________

Kidney & Urology Foundation of America
· phone- 212.629.9770 · fax- 212.629.5652 · www.kidneyurology.org