

KIDNEY & UROLOGY

FOUNDATION of AMERICA, INC.

Phone: 800.633.6628 • www.kidneyurology.org

Dear Renal and Urology Health Professional or Patient:

The Kidney & Urology Foundation of America, Inc. is proud to offer the **New Day Education and Rehabilitation Award**. The New Day Education and Rehabilitation Award provides support to adults, 25 years and older, who are diagnosed with kidney or urologic disease, and are seeking to complete a degree, obtain a professional certification, learn a new job skill, change careers, or engage in physical rehabilitation. This award will allow the nominee to return to a productive lifestyle through a scholarship with renewable funds of up to \$1,500 per year. Candidates should be motivated to take charge of their lives and make a positive difference in their communities. Grants will be based on financial need, evidence of prior achievements, and motivation to accomplish stated goals. This scholarship is renewable for up to 4 years.

Please take the time to carefully read through the Application Guidelines and Instructions on the following pages. **In order to be considered for this award, all guidelines must be met in full.** Applicants of this award should not apply for any other KUFA awards. At the discretion of the scholarship review committee, you may be considered for an alternative KUFA award if you do not qualify for this one. You will receive notification of a decision in July 2009.

Completed application forms must be *received* by Kidney & Urology Foundation of America no later than **Friday, May 8, 2009**. Please note: **Applications sent via fax will NOT be accepted.** On the last page of the enclosed application forms, we have provided a Checklist of all items you will need to submit.

Best of luck!



Heather Reel
Program Associate
Kidney & Urology Foundation of America

NEW DAY EDUCATION AND REHABILITATION AWARD

GUIDELINES:

- The New Day Education and Rehabilitation Award of up to \$1,500 per year will be awarded on the basis of candidate's achievements, commitment to stated goals, 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, please contact KUFA at 212.629.9770 or 1.800.63.DONATE.
- 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.
- Awardees of this scholarship will receive the scholarship money in two payments: one in August and one in March. 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 February 8, 2010. 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 their scholarship for up to 3 additional years in order to complete their studies. **Each year, a letter of intent to renew must be submitted to KUFA, along with an academic year-end report and school transcript.** Yearly reinstatement of scholarship funds will be contingent upon review by the scholarship committee. Should you be awarded this scholarship, more information will be provided to you regarding the renewal process.
- If, at any point during your academic studies, any of your contact information changes (including a change in academic institution from your original application) OR you take a leave of absence, KUFA must be notified *in writing* immediately.
- **Checks will only be made payable directly to the institution you are attending, and will never be made payable to you.**
- This application must be *received* by KUFA 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.

Name of Applicant: _____

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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 questions to the best of your ability:
 - ✓ How has kidney or urologic disease impacted your life? Please provide 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 educational or rehabilitation goals and how will this scholarship help you achieve these 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 support any children in school or college? Please take the opportunity 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 faced, 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 the applicant's current academic institution who can discuss the applicants' strengths, admirable qualities, challenges and achievements in their academic field.
- **OPTIONAL:** an additional letter of recommendation from a healthcare provider, educator, mentor or community member.
- Proof of acceptance by desired program.
- A tuition bill.
- Applicants must demonstrate financial need by submitting their most recent W-2 or FAFSA form.
- Incomplete applications will not be considered.
- **Applications will NOT be accepted by fax.**
- Applications will be accepted by **mail** to:
 - Kidney & Urology Foundation of America, Attn: Heather Reel
 - 152 Madison Avenue, Suite 201
 - New York, NY 10016

Name of Applicant: _____

APPLICATION FORM

APPLICANT PERSONAL INFORMATION:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Age: _____ Date of Birth: _____

EDUCATIONAL DATA:

What is the highest level of schooling that you have completed? Please Explain: _____

Name of school 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.

Applicant's Signature: _____ **Date:** _____

Name of Applicant: _____

APPLICANT'S PHYSICIAN INFORMATION:

Name of Doctor: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Email: _____

HEALTHCARE NOMINATOR INFORMATION:

Same as above? If yes, check here: _____

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 (if applicable):

Name of Educator: _____

Name of School: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Email: _____

- PLEASE ATTACH LETTER OF RECOMMENDATION ON LETTERHEAD

Name of Applicant: _____

ADDITIONAL NOMINATOR INFORMATION (OPTIONAL):

Name: _____

Relationship to applicant: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Email: _____

- PLEASE ATTACH SIGNED LETTER OF RECOMMENDATION

Name of Applicant: _____

CHECKLIST

(This form should be submitted along with completed application)

MAIL TO:

Kidney & Urology Foundation of America, Attn: Heather Reel
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. (if applicable)
5. _____ Proof of acceptance by desired school or program.
6. _____ Copy of tuition bill.
7. _____ W-2 form or FAFSA as proof of financial need.
8. _____ Picture of applicant.
9. _____ Entire application, returned to KUFA **BY MAIL** by **Friday, May 8, 2009**.
10. _____ Please keep a copy of your completed application for your own records.

Incomplete applications will NOT be considered
Applications submitted by fax will NOT be accepted

Name of Applicant: _____

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