

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, or their family members 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 2017.

The completed application form must be *received* by the Kidney & Urology Foundation by **Friday, May 19, 2017** 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

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** is offered to kidney or urology patients or family members or medical 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 a patient, or family member, for the Bright Star Patient Recognition Award, please complete the attached application form and follow the instructions provided below:

- *Please complete the application.*
- *Please answer questions 1-8 (below) on a separate sheet(s) of paper (no more than 2 pages, total). Please number each question and answer. Your answers should be TYPED.*
- *Please include the nominee's name and medical center (where applicable) at the top of each additional sheet of paper.*
- *Nominator: Please mail this application along with answers to questions 1-8 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 19, 2017**.*
- *You may want to keep a copy for your own records.*

Note: All nominees will be required to allow the Kidney & Urology Foundation of America 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 Friday, May 19, 2017

MAIL COMPLETED APPLICATION TO:
Kidney & Urology Foundation of America
Attn: BRIGHT STAR AWARD
63 West Main Street, Suite G
Freehold, NJ 07728
Ph: 732.866.4444

Personal Information About Nominee:

Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Age: _____ Date of Birth: _____

Medical Facility (where applicable): _____

Nominated by (Check one): Social Worker Nurse Dietitian
 Physician Patient Other _____

Name of Nominator: _____

Phone: _____ Fax: _____

Email: _____

Medical Facility (Other Institution): _____

Full Address: _____

Name of Nominee's Physician: _____

Medical Facility: _____

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(s) of paper and attach to this application. Please keep typed answers to 2 pages total, if possible, and include name of nominee on each 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 the 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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