

# KIDNEY & UROLOGY

FOUNDATION of AMERICA, INC.

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

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Dear Kidney / Kidney Transplant / Urology Patient, Caregiver, or Healthcare Professional:

The Kidney & Urology Foundation of America is proud to offer the **Bright Star Recognition Award**. The Bright Star Recognition Award honors kidney/kidney transplant or urology patients, health care providers 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 2019.

The completed application form must be *received* by the Kidney & Urology Foundation by **Friday, May 24, 2019** 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 R E C O G N I T I O N   A W A R D

The **Bright Star Recognition Award** is offered to kidney/kidney transplant or urology patients, healthcare providers or 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 someone for the Bright Star 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 24, 2019**.*
- *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.*

### **Personal Information about Nominee:**

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

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

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

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

**DEADLINE: Received by Friday, May 24, 2019**

**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

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

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

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

Medical Facility (where applicable): \_\_\_\_\_

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**Nominated by** (Check one):       Social Worker       Nurse       Dietitian  
 Physician       Patient       Other \_\_\_\_\_

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

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

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

Medical Facility (Other Institution): \_\_\_\_\_

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

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

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

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

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

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

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

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

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Attn: BRIGHT STAR AWARD  
63 West Main Street, Suite G  
Freehold, NJ 07728  
Ph: 732.866.4444

**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 Recognition Award?

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

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

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