

KIDNEY & UROLOGY

FOUNDATION of AMERICA, INC.

Phone: 800.633.6628 • www.kidneyurology.org

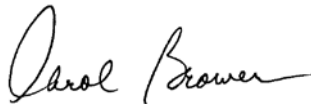
Dear Kidney/Kidney Transplant/Urology Healthcare Professional:

The Kidney & Urology Foundation of America is proud to offer the **2019 Covelli Family Achievement Award** to elementary, middle and high school students (ages 6-18) who have been diagnosed with kidney or urologic disease. This award encourages school-age patients to master life skills and focus on their education. *Please note that college-bound high school students should apply for the *Kidney & Urology Foundation of America Scholarship Award*.

Please take the time to carefully review the award criteria and application instructions on the following page before completing the enclosed application forms. To be considered for this award, **all guidelines must be met in full**. Applicants of this award should not apply for any other KUFA award. At the discretion of the review committee, applicants may be considered for an alternative KUFA award if they do not qualify for this one. You will receive notification of a decision in August 2019.

Completed application forms must be *received* by **Friday, May 24, 2019** to be considered for this award cycle. **We will not accept faxed applications**. The entire application, including letters of recommendation, must be mailed together. Thank you.

Best of luck!



Carol Brower
Program Director
Kidney & Urology Foundation of America

COVELLI FAMILY ACHIEVEMENT AWARD

Covelli Family Achievement Awards of up to \$500 are available for patients, ages 6 – 18, with kidney or urologic diseases for the following:

- ***Most improved grades*** – The nominee should have made a special effort and achieved success in improving his or her school grades in the past 12-18 months.
- ***Mastering a subject*** – The nominee should have made a special effort and achieved success in mastering a school subject (math, reading, writing, etc.).
- ***Outstanding academic performance*** – The nominee should receive good to excellent grades overall.
- ***Achievement in life skills*** – The nominee has made significant strides in confidence, communications, interpersonal relations, self-discipline and other skills which mark maturity and will assist him or her in living a productive life.
- ***Effort*** – The nominee has extended him/herself to mature and develop academically in areas such as school attendance, participation in educational activities and events, independent study, reading, and practice of fundamentally important and useful skills.

Financial need will *not* be used as criteria in selecting recipients. All nominees will receive a certificate recognizing their achievements.

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 24, 2019

MAIL COMPLETED APPLICATION TO:

Kidney & Urology Foundation of America

Attn: COVELLI FAMILY AWARD

63 West Main Street, Suite G

Freehold, NJ 07728

Ph: 732.866.4444

Instructions for Nominators

****Note: Family members may NOT act as nominators****

To nominate your patient for the Covelli Achievement Award, please complete the following forms and attach copies of supporting documents. **Please note:** You should prepare the application with support from an educator who is closely involved in the nominee's education.

- *All applications must be typed.*
- *Make sure that the nominee's name and medical center is written at the top of each page of the application and all submitted materials.*

Personal Information – Nominee

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Age: _____ Grade: _____

Email: _____

This nominee deserves to be recognized for:

- _____ Most improved grades
- _____ Mastering a subject
- _____ Outstanding academic performance
- _____ Achievement in life skills
- _____ Effort

**Please check all that apply.*

Nominee's Name _____

Medical Center _____

DEADLINE: Received by Friday, May 24, 2019

MAIL COMPLETED APPLICATION TO:

Kidney & Urology Foundation of America

Attn: COVELLI FAMILY AWARD

63 West Main Street, Suite G

Freehold, NJ 07728

Ph: 732.866.4444



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

Name of Nominator: _____

Phone: _____ Fax: _____ Email: _____

Medical Facility Name: _____

Full Address: _____

Name of Nominee's Physician: _____

Full Address: _____

Phone: _____ Fax: _____ Email: _____

To Be Completed by the Nominator:

1. Please attach **TYPED** response describing how the nominee qualifies for the Covelli Family Achievement Award, referring specifically to the area of improvement. Aim to address the following:

- What obstacles has the nominee had to overcome?
- How long has the nominee been a renal/urology patient?
- What support or encouragement has the nominee received or given to others?
- What efforts have been made by the nominee to improve (scholastically)?

Offer examples and evidence in support of your nomination, such as grade reports, letters of recommendation, examples of the student's work, and anecdotes illustrating the nominee's accomplishments. Please do *NOT* send original documents as they will *NOT* be returned.

2. Below, please provide contact information and a **TYPED** statement of support for this nomination from the nominee's teacher or other educator who is closely involved with the nominee's educational development. **Attach the educator's statement of support to this application.**

Nominee's Name _____

Medical Center _____

DEADLINE: Received by Friday, May 24, 2019

MAIL COMPLETED APPLICATION TO:

Kidney & Urology Foundation of America

Attn: COVELLI FAMILY AWARD

63 West Main Street, Suite G

Freehold, NJ 07728

Ph: 732.866.4444



Educator's Name: _____

Relationship to Nominee: _____

Place of Work: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

I guarantee the accuracy and truth of the above information with the intent that it be relied upon by the Kidney & Urology Foundation of America, Inc. I also agree that the information in this application may be verified.

Nominator's signature

Date

Nominee's Name

Medical Center

DEADLINE: Received by Friday, May 24, 2019

MAIL COMPLETED APPLICATION TO:

Kidney & Urology Foundation of America

Attn: COVELLI FAMILY AWARD

63 West Main Street, Suite G

Freehold, NJ 07728

Ph: 732.866.4444