

# KIDNEY & UROLOGY

FOUNDATION of AMERICA, INC.

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

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

KUFA is proud to offer the **2019 Kidney & Urology Foundation of America Vincent Stefano Scholarship Award**, an opportunity designed to help a deserving kidney, urology or kidney transplant patient achieve his/her academic goals and complete a college education. Financial support of up to \$2,000 per year will be provided to a college-bound young adult (ages 17-25) who has been diagnosed with kidney or urologic disease and who demonstrates financial need. This award is renewable for a maximum of 4 years.

This scholarship was created in 2011 in memory of Vincent Stefano for his dedication to improving the quality of life for patients suffering with chronic kidney disease. This year, KUFA will again offer the **Kidney & Urology Foundation of America Vincent Stefano Scholarship Award** to a patient under the care of a nephrologist, urologist or kidney transplant specialist who embodies the values, ethics, and commitment to the kidney and transplant communities idealized by Mr. Stefano.

Please take the time to carefully review the **Application Guidelines and Instructions on pages 2 & 3** before completing the enclosed forms. **To be considered for this award, all application guidelines must be met in full.** The selected recipient will be notified in August 2019

Completed application forms must be *received* by **Friday, May 24, 2019** to be considered for this award cycle. The entire application, including letters of recommendation, must be mailed together. **We will not accept any applications sent by fax.** On the last page, we have provided a Checklist of all items you will need to complete and return.

\*Please have the **applicant** call with any questions at 732.866.4444 or email me at [cbrower@kidneyurology.org](mailto:cbrower@kidneyurology.org).

Thank you for your interest.

Best of luck!



Carol Brower  
Program Director  
*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 granted based on the candidate's achievements, commitment to pursuing a college education, and financial need.
- Applicants must be graduating from high school by the end of this school year or must have already graduated from high school (aged 17-25).
- Awardees of this scholarship will receive the scholarship money in two payments: one in November 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 by **February 14, 2020**. 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.
- The Awardee will be eligible to renew his/her 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 a school transcript.** 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 transfer to a new academic institution) OR you take a leave of absence, you must notify KUFA immediately **IN WRITING**.

- **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 mail, no later than **Friday, May 24, 2019**.

*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: \_\_\_\_\_

**APPLICATION PROCESS / INSTRUCTIONS:**

**Applicants are required to submit all the following:**

- **The completed application form (pages 4-6)**
- **3 BRIEF ESSAYS – EACH ESSAY to contain 250-650 (maximum) words:**
  - ✓ **Essay 1** - your medical history: Briefly tell us about your illness and how kidney disease has impacted your life/goals.
  - ✓ **Essay 2** – About you: Please tell us about yourself. What is your educational background? What are your extracurricular activities, hobbies and personal interests? Are any other family members attending college? You can describe any family circumstances or personal experiences that may set you apart from other applicants. Please provide a statement of financial need, if applicable.
  - ✓ **Essay 3** – ‘giving back’ or paying it forward is important to the community. Explain how you contribute or plan to contribute to the renal or transplant communities.
- **A TWEET:** In a (sample) tweet (140 characters or less) tell us something about yourself that is not included in your essay. This tweet is for application purposes only.
- **A PHOTO**
- **Three (3) letters of recommendation:**
  - ✓ **On official letterhead - from a nephrology professional** (i.e. physician, transplant coordinator, nurse, social worker) caring for the patient who can discuss the applicant’s strengths, admirable qualities, challenges they have faced, and how the applicant will complete his/her course of study while complying with their treatment regimen.
  - ✓ **On official letterhead - from a teacher or administrator** from the applicant’s current academic institution who can discuss their strengths, admirable qualities, obstacles overcome, and demonstrated success in their academic career thus far.
  - ✓ **An additional letter of recommendation from a healthcare provider, educator, mentor or community member**
- **Proof of acceptance by an accredited college**
- **A tuition bill or verifiable information on cost of tuition (and room & board, where applicable)**
- **Applicants must demonstrate financial need.** Please submit the most recent W-2 AND completed FAFSA forms and other supporting documentation. Applicants who are under 18 years of age OR who live with (and/or are supported by) their parents will be required to document their parents’ financial status by submitting W-2 AND FAFSA forms.
- **Neither incomplete applications nor those submitted by fax will be considered.**
- **Applications will be accepted by MAIL TO: Kidney & Urology Foundation of America, 63 West Main Street, Suite G, Freehold, NJ 07728; ATTN: KUFA Scholarship**

Name of Applicant: \_\_\_\_\_

**APPLICATION FORM**

**APPLICANT'S PERSONAL INFORMATION:**

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

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

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

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

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

**You may call me to discuss this application. I may be reached at (ph. #) \_\_\_\_\_**

**Best Day/Time \_\_\_\_\_.**

**EDUCATIONAL DATA:**

\_\_\_\_ I am currently a high school senior Current GPA: \_\_\_\_\_

\* \_\_\_\_ I am already attending college Current GPA: \_\_\_\_\_

\*If you are currently attending college, what year will you enter in Fall 2019? (Sophomore? Junior?):

\_\_\_\_\_

Name of college you attend or will attend: \_\_\_\_\_

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

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

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

*Have you applied for or do you expect to receive other funding? Please explain (include \$ amounts):*

\_\_\_\_\_

**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: \_\_\_\_\_ Institution: \_\_\_\_\_

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

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

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

**1. HEALTHCARE NOMINATOR INFORMATION (\*PLEASE ATTACH LETTER OF RECOMMENDATION ON LETTERHEAD\*):**

*Same as above? If yes, check here:* \_\_\_\_\_

If not, please complete the following:

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

Name of Facility: \_\_\_\_\_

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

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

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

**2. EDUCATOR NOMINATOR INFORMATION (\*PLEASE ATTACH LETTER OF RECOMMENDATION ON LETTERHEAD\*):**

Name of Educator: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

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

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

Name of Applicant: \_\_\_\_\_

**3. ADDITIONAL NOMINATOR INFORMATION (\*PLEASE ATTACH SIGNED LETTER OF RECOMMENDATION\*):**

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

Relationship to applicant: \_\_\_\_\_

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

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

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

Name of Applicant: \_\_\_\_\_

## CHECKLIST

**\*Please return this form along with your completed application\***

### MAIL TO:

**Kidney & Urology Foundation of America  
ATTN: KUFA Scholarship  
63 West Main Street, Suite G, Freehold, NJ 07728  
Must be received by Friday, May 24, 2019**

1. \_\_\_\_\_ The completed application form
2. \_\_\_\_\_ Your three (3) 250 -650 word, typed essays
3. \_\_\_\_\_ Your (sample) TWEET
4. \_\_\_\_\_ 3 letters of recommendation (nephrology professional nominator on official letterhead, a teacher or administrator nominator on official letterhead, plus 1 additional letter of recommendation)
5. \_\_\_\_\_ Proof of acceptance by an accredited college
6. \_\_\_\_\_ Copy of tuition bill or verifiable information on cost of tuition (and room & board, where applicable)
7. \_\_\_\_\_ W-2 AND FAFSA forms and any other supporting proof of financial need
8. \_\_\_\_\_ Picture of applicant
9. \_\_\_\_\_ Entire application, returned to KUFA **BY MAIL** by **Friday, May 24, 2019**
10. \_\_\_\_\_ ***Please keep a copy of your completed application for your own records.***

\* \*Please have the **applicant** call with any questions at 732.866.4444 or email me at [cbrower@kidneyurology.org](mailto:cbrower@kidneyurology.org).

**\*Incomplete applications will NOT be considered\***

**\*We will NOT accept any applications submitted via fax\***

Thank you for your submission!

Name of Applicant: \_\_\_\_\_

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Email: [info@kidneyurology.org](mailto:info@kidneyurology.org)