

# 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 or Healthcare Professional:


The Kidney & Urology Foundation of America, Inc. is proud to offer the **New Day Education and Rehabilitation Award** in support of adults (ages 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 \$1,000 per year for a maximum of 4 years. 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.

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. 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. The entire application, including letters of recommendation, must be mailed together. **We will not accept any application sent via fax.** On the last page of the enclosed application forms, we have provided a Checklist of all items you will need to complete and return. Please call me at 732.866.4444 or email me at [cbrower@kidneyurology.org](mailto:cbrower@kidneyurology.org) with any questions you may have.

Thank you for your interest.

Best of luck!



Carol Brower  
Program Director  
*Kidney & Urology Foundation of America*

## **NEW DAY EDUCATION AND REHABILITATION AWARD**

### **GUIDELINES:**

- The New Day Education and Rehabilitation Award of up to \$1,000 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 732.866.4444 or 1.800.63.DONATE.
- Applicants of this Scholarship should not apply for any other KUFA award.
- 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, 2019**. 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 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 mail, by **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: \_\_\_\_\_

**Kidney & Urology Foundation of America**  
Phone: 732.866.4444 • website: [www.kidneyurology.org](http://www.kidneyurology.org)  
Email: [info@kidneyurology.org](mailto:info@kidneyurology.org)

**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/ education or rehabilitation goals.
  - ✓ **Essay 2** – About you: please tell us about yourself. What is your educational background? What are your extracurricular activities, hobbies and personal interests? Do you support 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.
- **OPTIONAL: A TWEET:** In a (sample) tweet (140 characters or less) tell us something about yourself that is not included in your essays. This tweet is for application purposes only.
- **A Photo**
- **Two (2) letters of recommendation (optional 3<sup>rd</sup>)**
  - ✓ **On official letterhead - from a nephrology/urology 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**  
who can discuss the applicant’s strengths, admirable qualities, challenges, and achievements.  
*If the applicant is unable to provide a letter of recommendation from a teacher/administrator, he/she may provide a letter of recommendation from another healthcare provider, a mentor, community member or individual who can discuss his/her achievements.*
  - ✓ **OPTIONAL: An additional letter of recommendation from a healthcare provider, educator, mentor or community member.**
- **Proof of acceptance by accredited college/institution**
- **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 any other supporting documentation.
- **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: New Day Award**

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:**

What is the highest level of schooling that you have completed? \_\_\_\_\_

Name of school/institution you attend/will be attending in Fall 2018:

\_\_\_\_\_

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, complete the following:

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

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

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

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

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

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

Name of Educator (or other): \_\_\_\_\_

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

Name of School (or business): \_\_\_\_\_

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

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

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

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

New Day Award 2019

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

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

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

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

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

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

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

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

## CHECKLIST

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

### MAIL TO:

**Kidney & Urology Foundation of America  
ATTN: New Day Award  
63 West Main Street, Suite G, Freehold, NJ 07728  
Must be received by Friday, May 18, 2018**

1. \_\_\_\_\_ The completed application form.
2. \_\_\_\_\_ Your three (3) 250 -650 word, typed essays
3. \_\_\_\_\_ Your OPTIONAL TWEET (sample).
4. \_\_\_\_\_ 2 (or 3) letters of recommendation (nephrology professional nominator on official letterhead, a teacher/ administrator nominator on official letterhead, optional 3rd)
5. \_\_\_\_\_ Proof of acceptance by 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 call me at 732.866.4444 or email me at [cbrower@kidneyurology.org](mailto:cbrower@kidneyurology.org) with any questions you may have.

**\*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)