



2020–2021 Carolyn Wilson Dialysis Patient Scholarship

Exclusively for residents of Arkansas, Louisiana or Oklahoma



Program Guidelines and Application

The American Kidney Fund is pleased to announce the **Carolyn Wilson Dialysis Patient Scholarship Program**. This program provides support for people with end stage renal disease (ESRD) **who are residents of Arkansas, Louisiana, or Oklahoma** and wish to further their education or vocational training as part of an effort to initiate, maintain or resume employment and independent living. Guidelines are below and application materials are enclosed.

The American Kidney Fund (AKF) is the nation's leading nonprofit working on behalf of the 37 million Americans with kidney disease. AKF fulfills its mission by providing a complete spectrum of programs and services: national prevention outreach, top-rated health educational resources, and direct financial assistance enabling kidney patients to access lifesaving medical care, including dialysis and transplantation.

AKF helps 1 out of every 6 U.S. dialysis patients with treatment-related expenses. More than 84,000 patients in all 50 states and Puerto Rico received AKF grants last year. The Carolyn Wilson Dialysis Patient Scholarship is made possible by a contribution from ESRD Network 13.

Eligibility

To qualify for the Carolyn Wilson Scholarship, you must be a resident of either Arkansas, Louisiana, or Oklahoma AND have been diagnosed with ESRD (stage 5 kidney disease).

The American Kidney Fund is committed to providing scholarships to all dialysis patients who meet the following program guidelines.

- Must be a resident of Arkansas, Louisiana or Oklahoma
- Must demonstrate financial need through the expenses vs. income table (#6 on application)
- Must be a current dialysis patient or a kidney transplant recipient

While this program is for patients diagnosed with stage 5 kidney disease (ESRD), priority will be given to dialysis patients.

Qualifying Programs and Expenses

Scholarships will be provided for university, college, community college education or vocational training. Scholarship funds can only be used for tuition. Funds cannot be used for books, transportation to classes, and other needs.

Amount of Award

Scholarships of up to **\$5,000** per academic year (fall, spring, and summer semesters combined) per person will be awarded. The scholarship period lasts for one year. Funding for subsequent years will depend on availability of funds and documentation of successful completion of the previous academic year. Applicants can receive funding for up to two years and are required to reapply to be considered for a second year of funding.

If awarded a scholarship, funds will be paid directly to the educational or vocational institution.

If awarded, recipients are required to sign a letter of acceptance, confirming school/institution enrollment.

Application Process

Applications may be photocopied or downloaded on our website at [KidneyFund.org/scholarship](https://www.kidneyfund.org/scholarship). To apply for the Carolyn Wilson Scholarship, you must submit the following by July 10, 2020:

- **A completed application form**
- **A Statement of Purpose:** a 2–3 page essay describing the effect of kidney disease on their lives; and how the proposed education or training program will enhance their ability to initiate, maintain or resume employment and independent living.
- **A reference letter** from a nephrology professional (doctor, nurse, social worker, dietitian) caring for the applicant with an assessment of the applicant's ability to maintain compliance with their treatment regimen, while pursuing the educational or vocational program.

Only complete applications will be accepted.

Complete applications can be emailed to:

Education@kidneyfund.org

NOTE: The required reference letter and Statement of Purpose must be included in the email along with the application.

Applications must be postmarked or emailed by July 10, 2020. Late or incomplete applications will not be considered. An application is not a guarantee of an award.

Reporting Requirements

In order to maintain this scholarship, applicants must be able to demonstrate academic success. Therefore, AKF requires scholarship recipients to deliver a progress report (1-2 pages) at the completion of the academic term for which funding was received. Recipients must also provide a transcript within 60 days of term completion to show achievement of a minimum cumulative grade point average (GPA) of 2.5. If the recipient is in vocational training, he/she must demonstrate continued advancement or completion of vocational course work.

Carolyn Wilson Dialysis Patient Scholarship Program

Application Checklist

- ☐ Completed application form.
- ☐ 2019 federal income tax return, if applicable. **Please black-out or remove social security number.**
- ☐ Parents' 2019 federal income tax return, if applicable. **Please black-out or remove social security number.**
- ☐ Copy of tuition bill from enrolled program.
- ☐ Reference letter from nephrology professional (no more than 2 typed pages).
- ☐ Statement of Purpose essay about how kidney disease has affected your life; and how the proposed education or vocation training will help you as part of an effort to initiate, maintain or resume employment and independent living (no more than 2–3 pages typed).

Email your complete application packet to:

Education@kidneyfund.org

NOTE: The required reference letter and Statement of Purpose must be included in the email along with the application.

Applications must be received by **July 10, 2020**. You will be notified of scholarship selection no later than **July 31, 2020**.

For any questions, please email education@kidneyfund.org
or call 800-638-8299, ext. 7052

1. Personal Information

Name _____ Date of Birth _____ (DD/MM/YYYY)

Address (No. & Street) _____

City _____ State _____ Zip _____

Telephone (____) _____ Email Address _____

How Do You Describe Yourself? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Caucasian | | |

How Did You Hear About This Scholarship? (Please specify) _____

2. Emergency Contact Information

Name of Emergency Contact Person _____

Relationship to Applicant _____ Phone (____) _____

3. Medical Information

Date of Kidney Disease Diagnosis _____

Current Treatment Modality

- ☐ Hemodialysis ☐ In Center ☐ At Home
- ☐ Peritoneal Dialysis
- ☐ Transplant Recipient

Current Treatment Facility Name _____

Address (No. & Street) _____

City _____ State _____ Zip _____

Telephone (____) _____

Name of Nephrology Professional Providing Reference _____

- ☐ Physician ☐ Social Worker ☐ Nurse ☐ Dietitian ☐ Other (please specify) _____

4. Nephrology Professional Reference

Please attach a statement (of no more than two typed pages) from a nephrology professional caring for the applicant with an assessment of the patient's ability to maintain compliance with their treatment regimen while pursuing the educational or vocational program.

5. Education (if applying for academic scholarship)

What Is The Highest Level Of Schooling That You Have Completed?

☐ High School

☐ Currently A Senior In High School

☐ College, Did Not Complete Degree

☐ College, Completed Degree

☐ I Am Currently Attending College

What Year? _____

High School or College Attended or Currently Attending:

Name of School or College _____

Address (No. & Street) _____

City _____ State _____ Zip _____

Telephone (____) _____

Institution to which Scholarship Will Be Applied:

Name of Institution _____

Address (No. & Street) _____

City _____ State _____ Zip _____

Telephone (____) _____

Major Field of Study _____ Career Objective _____

6. Vocational Information (if applying for vocational training)

Current Job Title and Employer _____

Institution to which Scholarship Will Be Applied:

Name of Institution _____

Address (No. & Street) _____

City _____ State _____ Zip _____

Telephone (____) _____

Type of Training _____

Career Objective _____

7. Patient Financial Information

Patient's monthly expenses vs. income will be evaluated to determine financial need.

Assets

Checking Acct. \$ _____
 Savings Acct. \$ _____
 Home (Assessed Value) \$ _____
 Stocks & Bonds \$ _____
 Auto (List year/make) _____ \$ _____
 College savings (529 Plans & ESAs) \$ _____
Total Assets \$ _____

Monthly Income

Take Home Pay \$ _____
 Parents' Take Home Pay (if applicable) \$ _____
 Other Scholarships \$ _____
 Addl. Household Income \$ _____
 Social Security Aid to Children \$ _____
 Child Support \$ _____
 Welfare Benefits \$ _____
 Retirement Income \$ _____
 Veteran's Benefits \$ _____
 Social Security benefit \$ _____
 Other (specify*) \$ _____
Total Monthly Income \$ _____

Monthly Expenses (Household)

☐ Rent ☐ Mortgage \$ _____
 Food \$ _____
 Phone \$ _____
 Gas (home) \$ _____
 Water \$ _____
 Electricity \$ _____
 Water \$ _____
 Transportation \$ _____
 Auto Payment(s) \$ _____
 Taxi Fee/Gasoline \$ _____
Medical Expenses
 Patient's Medication \$ _____
 Family Medication \$ _____
 Other \$ _____
 Health Insurance \$ _____
 Life Insurance \$ _____
 Auto Insurance \$ _____
 Credit Accounts \$ _____
 Loans Total (specify*) \$ _____
 Misc. (specify*) \$ _____
Total Monthly Expenses \$ _____

*Use this area to specify where needed.

8. Financial Information/Parents' Financial Information

Please attach a copy of your federal tax return. If applicant is under 18 years of age or living with and/or supported by parents, please attach parents' 2019 federal tax return. Black-out or remove social security numbers. Please indicate if you are unemployed.

9. Scholarship Request

Please provide a copy of the tuition bill for the program for which you are requesting financial assistance.

If a current bill is not available, please estimate the tuition amount and provide a hardcopy as soon as possible.

Tuition \$ _____

10. Statement of Purpose

Please attach a 2-3 page essay describing the effect of kidney disease on your life; and how the proposed education or training program will enhance your ability to initiate, maintain or resume employment and independent living.

11. Verification and Release

- ☐ I attest that the information I have provided is complete and accurate and I agree that the American Kidney Fund (AKF) may verify this information.
- ☐ I agree that AKF may disclose information contained in this application to my nephrology caregivers and/or any vendors who help fulfill my request.
- ☐ I give my written consent for an AKF agent/representative to contact me via phone/email for the purposes of completing this scholarship request and/or informing me of AKF related events and initiatives.
- ☐ If the American Kidney Fund awards a scholarship to me, I hereby authorize AKF, on a royalty-free basis, to include my life-story as part of its publicity and fund-raising initiatives.
- ☐ I have read the guidelines and understand I must meet progress and reapplication guidelines to receive a second year of funding.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
(if applicable)