



Carolyn Wilson Dialysis Patient Scholarship

*For the benefit of Arkansas, Oklahoma
and Louisiana residents*



Program Guidelines and Application

The American Kidney Fund is pleased to announce the **Carolyn Wilson Dialysis Patient Scholarship Program**. The program provides support for people with end stage renal disease (ESRD) living in Arkansas, Louisiana and Oklahoma 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 is the nation's leading nonprofit working on behalf of the 31 million Americans with kidney disease. AKF fulfills its mission by providing a complete spectrum of programs and services: 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 5 U.S. dialysis patients with treatment-related expenses. More than 93,000 patients in all 50 states received AKF grants last year. The Carolyn Wilson Dialysis Patient Scholarship is made possible by a contribution from ESRD Network 13.

Eligibility

Individuals residing in the United States, in the states of Arkansas, Louisiana and Oklahoma only, who have been diagnosed with Stage 5 chronic kidney disease, are eligible to apply for the Carolyn Wilson Dialysis Patient Scholarship Program.

The American Kidney Fund is committed to providing scholarships to all dialysis patients who meet the following scholarship 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. Scholarships will be provided for tuition only. Funds will not be available for books, transportation to classes, and other related needs.

Amount of Award

Scholarships of up to **\$5,000** per year, per person, will be awarded.

Scholarships will be awarded for one year. Subsequent years' funding will depend on availability of funds and documentation of successful completion of the previous year. Applicants can receive funding for up to two years and are required to reapply to be considered for second year funding.

If awarded a scholarship, tuition will be paid directly to the educational institution.

Reporting Requirements

In order to maintain this scholarship program, applicants must be able to demonstrate success. Therefore, AKF requires scholarship recipients to provide a progress report at completion of the academic term for which funding was received, including a transcript showing that student is maintaining a minimum grade point average (GPA) of 2.5 or, if in vocational training, student must demonstrate continued advancement or completion of vocational course work.

Application Process

Applicants are required to submit a complete application and

- **An 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** from a nephrology professional caring for the patient with an assessment of the patient's ability to maintain compliance with their treatment regimen while pursuing the educational or vocational program

Completed application packets must be mailed to:

American Kidney Fund
Attn: Education
11921 Rockville Pike, Ste. 300
Rockville, MD 20852

We will also accept complete applications, with supporting documentation, emailed to **education@kidneyfund.org**

Applications must be postmarked by **June 30, 2016**. Late or incomplete applications will not be considered. An application is not a guarantee of an award. Applications may be photocopied and are also available on our website at **kidneyfund.org/scholarship**

Carolyn Wilson Dialysis Patient Scholarship Program

Application Checklist

- Completed Application Form
 - 2015 Federal Income Tax Return, if applicable. Please redact social security number.
 - Parents' 2015 Federal Income Tax Return, if applicable. Please redact social security numbers.
 - Copy of tuition bill from desired program
 - Reference from nephrology professional (no more than 2 typed pages)
 - Essay about how kidney disease has affected your life; and how the proposed education or training will help you as part of an effort to initiate, maintain or resume employment and independent living.
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Mail your complete application packet to:

American Kidney Fund
Attn: Education
11921 Rockville Pike, Suite 300
Rockville, MD 20852

We will also accept complete applications, with supporting documentation, emailed to education@kidneyfund.org

Applications must be received by **June 30, 2016**. You will be notified of scholarship selection by **July 22, 2016**.

For any additional questions, please email education@kidneyfund.org
or call 800-638-8299, ext. 6677



Carolyn Wilson Dialysis Patient Scholarship Program

1. Personal Information

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

Address (No. & Street) _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email Address _____

What do you consider yourself? (Check all that apply)

- African American
- Asian
- Caucasian
- Hispanic/Latino
- American Indian/
Alaska Native
- Native Hawaiian/Pacific
Islander
- Other (please write below)

2. Emergency Contact Information

Name of Emergency Contact Person _____

Relationship to Applicant _____

Telephone (_____) _____

3. Medical Information

Date of Diagnosis with Kidney Disease _____

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

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. Educational Information (if applying for academic scholarship)

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

- | | |
|--|---|
| <input type="checkbox"/> High school | <input type="checkbox"/> College, completed degree |
| <input type="checkbox"/> Currently a senior in high school | <input type="checkbox"/> I am currently attending college |
| <input type="checkbox"/> College, did not complete degree | What year? _____ |

High School or College attended or attending:

Name of School or College _____

Address (No. & Street) _____

City _____ State _____ Zip _____

Telephone (_____) _____

Institution planning to apply this scholarship to:

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 occupation/employment _____

Training program planning to apply this scholarship to:

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 \$ _____

Telephone \$ _____

Gas (home) \$ _____

Water \$ _____

Electricity \$ _____

Water \$ _____

Transportation \$ _____

Auto Payment(s) \$ _____

Taxi Fee/Gasoline \$ _____

Medical Expenses

Patient's Medication \$ _____

Family Medication \$ _____

Other \$ _____

Health Ins. \$ _____

Life Ins. \$ _____

Auto Ins. \$ _____

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' 2015 Federal Tax Return. Remove social security numbers. Please indicate if you are unemployed.

9. Scholarship Request

Please provide a copy of the tuition bill for the program you are requesting financial assistance with for each semester:

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 American Kidney Fund 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 received second year funding.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
(if applicable)