American Kidney Fund®
FIGHTING ON ALL FRONTS

2022–2023 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**. This scholarship provides support for **residents of Arkansas, Louisiana, or Oklahoma** with end stage renal disease (ESRD) who wish to further their education or vocational training.

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 including top-rated health educational resources and direct financial assistance. Since 1971, AKF has helped thousands of people living with kidney disease and kidney transplants to access lifesaving medical care, disaster aid, and educational resources.

AKF helps 1 out of every 6 U.S. dialysis patients with treatment-related expenses. Nearly 71,000 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 Dialysis Patient 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 currently be on dialysis or a kidney transplant recipient

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, or 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 but must 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. To apply for the Carolyn Wilson Dialysis Patient Scholarship, you must submit the following by July 8, 2022:

- **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. Applications will be accepted by email only.

Complete applications can be emailed to:
ProfessionalEducation@KidneyFund.org

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

Applications must be emailed by July 8, 2022. 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, 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 30 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.
- ☐ 2021 federal income tax return, if applicable. **Please black-out or remove social security number.**
- ☐ Parent or Legal Guardian's 2021 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:

ProfessionalEducation@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 8, 2022**. You will be notified of scholarship selection no later than **July 22, 2022**.

For any questions, please email ProfessionalEducation@KidneyFund.org

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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)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic/Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other (please specify) _____

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 and Email Address of Nephrology 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. Applicant Financial Information

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

Assets		**Monthly Income**		**Monthly Expenses (Household)**	
Checking Acct.	$_____	Take Home Pay	$_____	☐ Rent ☐ Mortgage	$_____
Savings Acct.	$_____	Parents' Take Home Pay (if applicable)	$_____	Food	$_____
Home (Assessed Value)	$_____	Other Scholarships	$_____	Phone	$_____
Stocks & Bonds	$_____	Addl. Household Income	$_____	Gas (home)	$_____
Auto (List year/make)		Social Security Aid to Children	$_____	Water	$_____
_____	$_____	Child Support	$_____	Electricity	$_____
College savings (529 Plans & ESAs)	$_____	Welfare Benefits	$_____	Transportation	$_____
Total Assets	$_____	Retirement Income	$_____	Auto Payment(s)	$_____
		Veteran's Benefits	$_____	Taxi Fee/Gasoline	$_____
		Social Security benefit	$_____	**Medical Expenses**	$_____
		Other (specify*)	$_____	Patient's Medication	$_____
		Total Monthly Income	$_____	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

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' 2021 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.
- ☐ By signing this application, I am giving 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 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)