

IMPORTANT

Academic Award

Instructions to Applicant, Guidance Counselor or Social Worker

May be Duplicated*

The National Kidney Foundation serving New England Academic Award is awarded to students from **Massachusetts, Rhode Island, New Hampshire and Vermont** who are pursuing post-secondary education. There is no limit on the number of students from a high school who may apply.

ACADEMIC AWARD:

The National Kidney Foundation will award \$1,000 *directly to the student*, given upon submission of official college course-enrollment documentation. Deadline for applications and accompanying documents is Wednesday, March 31, 2010.

ELIGIBILITY:

- Applicants will be graduating high school seniors, or high school graduates.
- Eligibility is limited to students with active and current kidney disease, or who are immediate relatives (parent, sibling, child, legal guardian) of an individual with active and current kidney disease. *This kidney disease must have a significant impact on the candidate's life. A kidney condition which is not progressive, or does not impede one's lifestyle in any way will not be considered.*
- Awards are based upon both scholastic achievement and financial need.

FORM OF APPLICATION: *

This application is comprised of a general information form (5 pages) and a financial disclosure form (2 pages). When duplicating, please take care to *DUPLICATE ALL PAGES*. This application must be completed in full, every blank filled in, for an applicant to be considered. If a question is not applicable, please mark "N/A", or it will be considered incomplete.

APPLICATION REQUIREMENTS AND CHECKLIST:

- Official high school transcript (and/or college transcript, if applicable).*
- Proof of acceptance or proof of application to college.*
- One original and four **stapled** copies of completed application (5 pages) and financial disclosure form.
- Signature of Guidance Counselor or Renal Social Worker.
- At least two references, one must be a teacher who has taught the student.

**(Transcripts and college acceptances may be sent under separate cover if necessary. Preferably, they should accompany the application and one original and four copies of each should be submitted.)*

Neglect in submitting these items, including the required copies of all documents, will result either in the application's return to the candidate, or disqualification.

SUBMISSION DEADLINE

APPLICATIONS AND DOCUMENTS MUST BE POSTMARKED BY WEDNESDAY, MARCH 31, 2010, AND MAILED TO:

Academic Awards Committee
National Kidney Foundation serving New England
85 Astor Avenue, Suite 2
Norwood, Massachusetts 02062

NOTIFICATION DATE: Applicants will be notified by May 10, 2010.

Winners will be contacted directly and a notification will be on the NKF Website:
www.kidneyhealth.org



ACADEMIC AWARD
♦♦♦
POLICIES AND PROCEDURES

Please read these policies and procedures. Return one signed copy of this document to the Director of Programs, Academic Awards, National Kidney Foundation Serving New England, 85 Astor Avenue, Suite 2 Norwood, MA 02062, within one week of receipt of your award letter. Your signature indicates that you have read and understood these policies. No further reminders of the dates noted below will be sent.

ACCEPTANCE OF AWARD:

The National Kidney Foundation National Kidney Foundation Serving New England Academic Award will be disbursed in one payment. The money will be sent in the form of a check, made out to the student, and *mailed directly to the student*.

Students must submit their *official* course enrollment forms by **October 1st** in order to claim their award. If this is impossible due to the procedures or calendar of the academic institution, the NKF must be notified in advance of, or by this date and appropriate arrangements will be made.

Failure to notify the NKF by this date means permanently forfeiting the award money. This means that the student will forfeit the complete award if there is no notification (or other arrangement made) by October 1st. The money will not be reserved for the student after this date, and may be granted instead to another student.

If a student cannot accept this award, he/she is asked to notify the National Kidney Foundation at the earliest possible date, so another student may be afforded this opportunity.

DEFERRAL OF ADMISSION TO ACADEMIC PROGRAM:

Any student not attending a post-secondary educational program as planned and intending either to defer his/her admission, or not attend at all, must inform the NKF MA/RI/NH/VT in the form of a letter by **October 1st**. Failure to notify the NKF Serving New England by this date means permanently forfeiting the award money (entire award). The money will not be reserved for the student after this date, and may be granted instead to another student.

The student must submit a letter explaining the reasons for deferment (by date noted above). Length of deferment must be specified; i.e. one or both semesters. Subject to the Committee's review of this letter, award winners who have deferred their admission may claim their award *up until the end of the following academic year*, by following the procedures outlined above.

FAILURE TO CLAIM AWARD OR NOTIFY OF DEFERMENT:

Students must claim their awards, or notify the NKF Serving New England of their decision to defer, according to the procedures described on page one, by **October 1st**. Student will lose the entire year's grant if no notification is received by October 1st. The money will not be reserved for the student after this notification date, and may be granted instead to another student.

REAPPLICATION FOR NKF SERVING NEW ENGLAND ACADEMIC AWARD:

Award winners may apply for a second Academic Award at any time during their post-secondary career. Awards may be granted a maximum of two times to any student.



I have read and understood the above policies and procedures.

Signature of Student

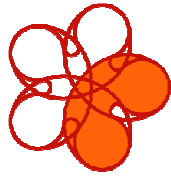
Date

Signature of Parent -- *Optional*

Date

Please return one signed copy of this document to:

Academic Awards
National Kidney Foundation Serving New England
85 Astor Avenue, Suite 2
Norwood, MA 02062



**National Kidney
Foundation®**
Serving NEW ENGLAND

Academic Award Application

GENERAL INFORMATION FORM

This application has two (2) parts and seven (7) pages. Please make sure you have thoroughly read and understood the cover page entitled "Instructions to Applicant and Guidance Counselor or Social Worker" before filling out this application. Neglect in following the instructions on that page may result in disqualification of this application, **including failure to submit your original application with 4 stapled copies of application and all corresponding documents.**

APPLICANT'S NAME: _____ Age: _____ Date of Birth _____
Address: _____
Number and Street
_____ Telephone: _____
City, State, Zip code
Email: _____

Check all that apply:

Applicant is a dependent of: *Parent(s) fill out information in section 1.*

Applicant is financially independent: *If checked, Skip parent information.*

Applicant is married: *If checked, go next to section 2.*

SECTION 1

FATHER'S NAME: _____ Date of Birth: _____

Address: _____
number, street, city, state, zip code

Occupation: _____

Employer's Name & Address: _____

MOTHER'S NAME: _____ Date of Birth: _____

Address: _____
number, street, city, state, zip code

Occupation: _____

Employer's Name & Address: _____

SECTION 2

SPOUSE'S NAME: _____ **Date of Birth:** _____

Address: _____
number, street, city, state, zip code

Occupation: _____

Employer's Name & Address: _____

OTHERS DEPENDENT ON HEAD OF HOUSEHOLD: List names, ages, and relationship to head of household, and indicate if dependent attends college.

KIDNEY DISEASE:

• **Which family member is a kidney patient:** Applicant? Yes No

If No, Name of other family member who is a kidney patient _____
Relationship _____

• **Indicate nature of kidney disease of applicant or family member below:**

Kidney Transplant *Date of Transplantation* _____

Hemodialysis CAPD / CCPD *Date of first treatment* _____

Other: *Diagnosis or Description of Condition:* _____

Hospital or Center where patient is followed: _____

Physician's Name: _____ Telephone: _____

◆ Please attach an essay, one page (maximum), describing how the presence of kidney disease in your family has affected your life and education goals. Please discuss the major you plan to pursue. Also, include how your experience may have affected your decisions regarding this plan of study and/or particular school. This essay will help the committee understand the uniqueness of your situation.

EDUCATION:

• **Secondary School:** *(Attach official transcript of grades)*

Name of High School/Secondary School: _____

Address: _____

Course of Study taken: _____

GPA _____ Anticipated or Actual Date of Graduation: _____

• **Honors and Activities:** *(Use additional page, if necessary)*

Academic: _____

Extracurricular: _____

POST-SECONDARY SCHOOL(S) you have applied to or will be or are attending. **Attach one or more of the following: Proof of application, proof of acceptance or official transcript of grades if already in attendance:**

Name: _____

Address: _____

Dates of Attendance: _____

Major Course of Study: _____

Career Goals: _____

Years of study required: _____ Years already attended if any: _____

Annual Tuition: \$ _____

Courses already taken: _____

Have you received an Academic Award from the National Kidney Foundation before?

Yes – What Year(s)? _____ No

OTHER SCHOLARSHIP AID APPLIED FOR OR RECEIVED:

Source: _____ Amount: \$ _____ Received? _____

Source: _____ Amount: \$ _____ Received? _____

OTHER FORMS OF ACADEMIC FINANCIAL AID APPLIED FOR OR ANTICIPATING (for academic year) AND AMOUNTS:

Applied/Applying Received Amount Anticipated

Federal Unsubsidized/Subsidized Stafford Loan amounts: \$ _____

Federal Perkins Loan amount: \$ _____

Federal Parent PLUS Loan amount:..... \$ _____

Federal Pell Grant:..... \$ _____

Military Education Assistance:

Monthly amount: \$ _____

How many months? _____

How did you learn about the National Kidney Foundation?

If granted, for what will the National Kidney Foundation of Massachusetts, Rhode Island, New Hampshire and Vermont Academic Award be used?

Tuition Room and Board Books

Other (please specify) _____

REFERENCES:

In the space below, give the names and addresses of two or three unrelated references, at least one of whom is a teacher of yours. Please ask them to forward their letters of recommendation preferably to you, or if needed to the address below, **by the deadline date**. ***This is required information for completion of this application. It is your responsibility to check with your references to make sure they have been submitted on time.***

1) _____

2) _____

3) _____

Signature of Guidance Counselor or Social Worker: _____

Please forward the completed application and financial disclosure form to:

Academic Awards Committee
National Kidney Foundation Serving New England
85 Astor Avenue, Suite 2
Norwood, MA 02062

SUBMISSION DEADLINE
All Documents Postmarked By
Wednesday, March 31, 2010

Academic Award Application

Financial Disclosure Form

This form is to be completed by the Head of Household. All information is confidential. All questions must be answered. Enter "None" or N/A (not applicable) where appropriate. **Incomplete applications cannot be processed and will be disqualified.**

Applicant's Name: _____ **Marital Status** _____

Head of Household is: Self Parent(s) Spouse Guardian Other

Head of Household's Name: _____ Age: _____

Address: _____

_____ Telephone: (____) _____

Is head of household employed? Yes No Retired

Occupation _____

If Yes, Full Time Part Time Indicate hours _____

Resources: List **all** (both parents, if both work) household income and financial aid upon which you depend. Please give gross (before taxes) **monthly** amounts.

Your Monthly Income \$ _____ SSI \$ _____

Spouse Income \$ _____ AFDC \$ _____

Pension \$ _____ Rental Income \$ _____

Disability \$ _____ Support from others \$ _____

Veteran's Benefits \$ _____ Mutual Funds, Bonds, etc. \$ _____

Welfare \$ _____ Other (Please Specify) _____

Savings \$ _____ _____

Home:

Do you and your family rent your home? Own your home?

Monthly Mortgage Payment or Rent amount _____ Is heat included? _____

Automobile(s) in household:

Year _____ Make _____ Amount Owed \$ _____ Monthly Payment \$ _____

Year _____ Make _____ Amount Owed \$ _____ Monthly Payment \$ _____

Other Household Debts:

To Whom Owed:

Current Balance:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Are there circumstances not mentioned here about which you wish us to know?

Medical Insurance of member of household who is a kidney patient:

- Medicare Blue Cross/Blue Shield Harvard-Pilgrim
- Medicaid Employer Health Plan Tufts Health Plan
- Fallon Health Plan
- Other (specify) _____
- _____

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