



The Dottie Lourie Memorial Award Description

Dottie Lourie was a kidney transplant recipient, a long-time NKF supporter and former board member who worked tirelessly to raise awareness about organ transplantation and kidney issues in general. In her honor and in conjunction with her family and friends, the NKF Serving New England has established **The Dottie Lourie Memorial Scholarship**. Dottie touched many lives and was an inspiration to all, and we hope to continue her good work in her memory through the Memorial Scholarship.

The Dottie Lourie Memorial Scholarship will be awarded to one individual interested in pursuing a college degree. The student must be a patient living with Chronic Kidney Disease (CKD), or have an immediate family member (mother, father, sister or brother) with CKD or who has had a life saving organ transplant. The recipient will be chosen by a committee on the basis of need and merit.

The scholarship will be in the amount of \$1,000. Winners will be contacted directly and a notification will be on our Website: www.kidneyhealth.org

Students will be required to:

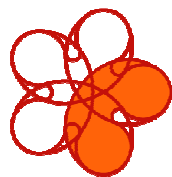
1. Complete an application.
2. Provide a copy of their acceptance letter to college.
3. Write a brief essay (no more than two pages) on how kidney disease or organ transplantation has impacted their life.
4. Provide letter/s of support from their Social Worker and/or Guidance Councilor.
5. Provide 4 stapled copies of all required forms.
6. Complete Financial Disclosure form.

Please forward the completed application to:

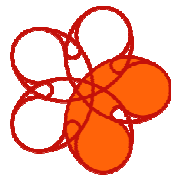
Dottie Lourie Scholarship Award
National Kidney Foundation Serving New England
85 Astor Avenue, Suite 2
Norwood, MA 02062

Submission Deadline

**All documents must be postmarked by
Wednesday, March 31, 2010**



**National Kidney
Foundation®**
Serving NEW ENGLAND



National Kidney Foundation®

Serving NEW ENGLAND

Dottie Lourie Scholarship Application

Please make sure you have thoroughly read and understand the cover page 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 the application and all corresponding documents.

Applicant's name: _____ Age: _____ Date of Birth: _____

Street address: _____

City/town: _____ State: _____ Zip: _____

Telephone: (home) _____ (cell) _____

Email: _____

Check all that apply:

- Applicant is dependent – complete section 1
- Applicant is married – complete section 2
- Applicant is financially independent -skip to section 3

Section 1

Father's name: _____

Address: _____

Occupation: _____

Employer's name and address: _____

Mother's name: _____

Address: _____

Occupation: _____

Employer's name and address: _____

Section 2

Spouse's name: _____ Date of birth: _____

Address: _____

Occupation: _____

Employer's name and address: _____

Section 3

Others dependent on head of household: *List names, ages and relationship to head of household and indicate if dependent attends college.*

Kidney Disease history:

Which family member is a kidney patient? Applicant Mother Father Sibling

Indicate nature of kidney disease:

Transplant: Organ _____ Date of transplant _____

Hemodialysis CAPD/CCPD Date of first treatment _____

Other: diagnosis or description of condition: _____

Hospital or center where patient is followed: _____

Physician: _____ Phone: _____

Education:

Name of high school: _____

Address: _____

Anticipated or actual graduation date: _____

Honors or activities:

Academic: _____

Extracurricular: _____

Post secondary schools applied for or will be attending:

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: _____

Other scholarships applied for or received:

Source: _____ Amount: \$ _____ Received?: _____

Source: _____ Amount: \$ _____ Received?: _____

How did you learn about the National Kidney Foundation? _____

If granted how will you utilize this award? Tuition Room and board Books

other (please specify) _____

Reference:

In the space below, give the names and addresses of two or three unrelated references. Please ask them to forward their letters of recommendation preferably to you, or if needed to the address below, by the deadline date.

1) _____

2) _____

3) _____

Please forward the completed application to:

Dottie Lourie Scholarship Award
National Kidney Foundation Serving New England
85 Astor Avenue, Suite 2
Norwood, MA 02062

Submission Deadline

**All documents must be postmarked by
Wednesday, March 31, 2010**

Dottie Laurie Scholarship Award

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 (<i>Please Specify</i>)		_____
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) _____

Please forward the completed application and financial disclosure form to:

Dottie Laurie Scholarship Award
 National Kidney Foundation Serving New England
 85 Astor Avenue, Suite 2
 Norwood, MA 02062

<p align="center"> SUBMISSION DEADLINE <i>All Documents Postmarked By</i> Wednesday, March 31, 2010 </p>
--