

**National Kidney Foundation of Upstate New York  
JOSEPH DIMARTINO PATIENT SCHOLARSHIP  
2009 Academic Year  
(Due March 6, 2009)**

## **APPLICATION CHECKLIST**

**Attention Graduating High School Seniors  
and  
Adults Continuing College Education**

**Before this application is approved, it must include:**

1. Transcript
2. A completed application form; includes copies of acceptance letters
3. Two letters of recommendation
  - a. Counselor, Teacher, Social Worker, Employer, or School Official
  - b. Other non-relative
4. One letter from a medical doctor/facility validating diagnosis of kidney disease
5. Essay
  - a. Write an essay (double spaced), 150-450 words in length, describing the reason for continuing your education and how you plan to apply your higher education to achieve future goals.
6. Mail completed application to:

**The National Kidney Foundation Serving Upstate NY  
Attention: Patient Scholarship Application  
15 Prince Street  
Rochester, NY 14607**

**NOTE: If selected, the individual must submit proof of registration for classes (i.e. bursar or admission statement) for the academic year for which assistance is sought. Grants may be sent directly to the educational institution for tuition or books.**

**National Kidney Foundation of Upstate New York**  
**JOSEPH DIMARTINO PATIENT SCHOLARSHIP**  
**APPLICATION**  
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**To be eligible you must:** (1) Be a kidney dialysis or transplant patient residing in Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, or Yates county; (2) Graduate from high school the year you apply or provide proof of graduation from high school or equivalent education (3) Maintain at least a "C" average; (4) Be accepted at an accredited 2 year, 4 year, or trade school/institution (i.e. Trade/tech school, community college, state or private college)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Business phone: ( ) \_\_\_\_\_

Social security number: \_\_\_\_\_

High School: \_\_\_\_\_ Date graduated: \_\_\_\_\_

Present employer (if applicable): \_\_\_\_\_

Current treatment status: (circle One)      Dialysis      Transplant

Name of physician: \_\_\_\_\_

Name of dialysis facility (If applicable): \_\_\_\_\_

Name of social worker: \_\_\_\_\_

Career objective: \_\_\_\_\_

Anticipated academic major: \_\_\_\_\_

Name of Institution you have been accepted to: \_\_\_\_\_  
(You must already be accepted to apply)

Mail To:  
The National Kidney Foundation Serving Upstate NY 15 Prince Street Rochester, NY 14607

**National Kidney Foundation of Upstate New York  
JOSEPH DIMARTINO PATIENT SCHOLARSHIP  
Letter of Recommendation Form  
2009 Academic Year  
(Due March 6, 2009)**

\_\_\_\_\_, has applied for the Joseph DiMartino Patient Scholarship Award. This award supports kidney patients who seek to improve their education, productivity and quality of life. This form must be returned to the NKF office listed below by **March 6, 2009** in order for the applicant to be considered. Please use additional paper if necessary.

Thank you for your comments.

Mail To:

**The National Kidney Foundation Serving Upstate NY  
Attention: Patient Scholarship Application  
15 Prince Street  
Rochester, NY 14607**

**National Kidney Foundation of Upstate New York  
JOSEPH DIMARTINO PATIENT SCHOLARSHIP  
Letter of Recommendation Form  
2009 Academic Year  
(Due March 6, 2009)**

\_\_\_\_\_, has applied for the Joseph DiMartino Patient Scholarship Award. This award supports kidney patients who seek to improve their education, productivity and quality of life. This form must be returned to the NKF office listed below by **March 6, 2009** in order for the applicant to be considered. Please use additional paper if necessary.

Thank you for your comments.

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**National Kidney Foundation of Upstate New York**  
**JOSEPH DIMARTINO PATIENT SCHOLARSHIP**  
**Medical Verification of Kidney Disease**  
**2009 Academic Year**  
**(Due March 6, 2009)**

\_\_\_\_\_, has applied for the Joseph DiMartino Patient Scholarship Award. This award supports kidney patients who seek to improve their education, productivity and quality of life. This form must be returned to the NKF office listed below by **March 6, 2009** in order for the applicant to be considered.

Thank you for your comments

I certify that \_\_\_\_\_,  
has a diagnosis of kidney disease.

\_\_\_\_\_  
Print MD name

\_\_\_\_\_  
Signature of MD

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Mail To:

**The National Kidney Foundation Serving Upstate NY**  
**Attention: Patient Scholarship Application**  
**15 Prince Street**  
**Rochester, NY 14607**

**National Kidney Foundation of Upstate New York  
JOSEPH DIMARTINO PATIENT SCHOLARSHIP**

**Essay Form**

**2009 Academic Year**

**(Due March 6, 2009)**

**Please write your essay (double spaced), in 150-450 words, describe yourself, reasons for pursuing higher education in your chosen field, and how you plan to apply your higher education to achieve future goals. Please attach additional paper if necessary.**

Name: \_\_\_\_\_

Mail To:

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Attention: Patient Scholarship Application  
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Rochester, NY 14607**