



National Kidney Foundation™
of Indiana

911 E. 86th Street, Suite 100
Indianapolis, IN 46240
Phone: 800-382-9971 or 317-722-5640
Fax: 317-722-5650
nkfi@kidneyindiana.org, www.kidneyindiana.org

January 5, 2015

Hello.

Thank you for your interest in the Larry Smock Scholarship program. Enclosed you will find a copy of the application.

Scholarships must go towards pursuing higher education in an academic or monitored occupational setting. All applicants must have a high school diploma or its equivalent.

To be eligible to apply for this scholarship from the National Kidney Foundation of Indiana (NKFI), you must:

- be a resident of Indiana and
- be on dialysis, have a kidney transplant, or have a diagnosis of chronic kidney disease

The application must be returned to the NKFI office no later than **Monday, March 30, 2015**. Grant awards will be announced no later than mid-June 2015 and be available in August 2015.

If you have any questions about the application or scholarship, please feel free to contact me at (317) 722-5640 or (800) 382-9971 or nhoward@kidneyindiana.org.

Sincerely,

Nicki Howard
Public Health Coordinator
nhoward@kidneyindiana.org

NATIONAL KIDNEY FOUNDATION OF INDIANA, INC.

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e-mail: nkfi@kidneyindiana.org web: www.kidneyindiana.org

LARRY SMOCK SCHOLARSHIP FUND 2015 APPLICATION

The following must accompany the application. ***Incomplete applications will not be reviewed.***

1. **Most current official** transcript showing student's name, courses taken, grades, GPA.
If it will be the first year of college, submit latest high school transcript.
2. Acceptance letter or proof of enrollment in program/school where scholarship will be used.
3. Essay (See page 4.)
4. Two letters of recommendation (not from family members). One must be from a nephrology professional evaluating applicant's ability to maintain compliance with treatment and attend school.

Application must be returned to NKFI ***by Monday, March 30, 2015.***

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone (H): _____ (C): _____

E-mail _____

Age _____ Date of Birth: _____ Gender: M F Marital Status: M D S W

Please list who lives in your household and their relationship to you:

Have you applied for the Larry Smock Scholarship before? Y N Year(s) _____

Have you received a Larry Smock Scholarship before? Y N Year(s) _____

MEDICAL INFORMATION

Current Treatment (**indicate date** of diagnosis or initiation of treatment):

_____ Dialysis _____ Transplant _____ Chronic Kidney Disease

Physician's Name: _____

Treatment Facility & Location: _____

Social Worker's Name: _____

Phone: _____ E-mail: _____

Please describe the nature of your condition and history of kidney failure: _____

EDUCATION

Please list schools attended:

Education	Name & Location of School	Years Attended	Date Graduated	Subjects Studied
High School	_____			
College or trade school	_____			
College or trade school	_____			
Graduate School	_____			

Last or most current grade point average (GPA) is _____ for which year? - high school senior or college freshman, sophomore, junior, senior, or graduate student (please circle).

Please explain any negative remarks or poor grades: _____

EXTRACURRICULAR ACTIVITIES

List current or past activities (volunteer, civic, athletic, fraternal, religious, etc.).
Include awards or honors received.

EMPLOYMENT HISTORY

Please list your last three employers, starting with the most recent one first.

Month & Year	Name/ Location of Employer	Wage	Position
From: To:			
From: To:			
From: To:			

Clarify gaps in education or employment of more than one year _____

EDUCATION / CAREER GOALS

When using this scholarship:

Year you will be: ___freshman ___sophomore ___junior ___senior ___graduate student

Name/location of school you will attend _____

Type of school: ___ vocational/ trade ___ 1 year ___ 2 year ___ 4 year ___ graduate level

What is your major, degree, or main area of study: _____

Annual tuition: _____ Annual supplies cost (books, lab fees): _____

FINANCIAL ASSISTANCE REQUESTED

How will you use this scholarship? _____

When will you use this scholarship? _____

List other grants, financial aid, or scholarships applied for: _____

List any school grants, financial aid, or scholarship received (list provider and amount):

Have you applied/received vocational rehabilitation assistance?

PERSONAL GOALS ESSAY

In 250 words or less address the following:

- Education/career goal(s)
- How kidney disease has influenced your educational choices
- How will the education/training help you and others

(Please type on a separate paper and attach to application)

To the best of my knowledge, all statements in this application are true and accurate. I have attached required documents. The National Kidney Foundation of Indiana may disclose information provided and include my story in publicity and/or fundraising activities.

Signature

Date

REFERENCES:

1. Kidney Health Professional - Name and contact information:

2. Other reference (must **not** be family): Name and contact information:

Person completing can return reference to the applicant or send directly to the NKFI
using the address below:

Return this application and required documents to:

National Kidney Foundation of Indiana, Inc.
911 East 86th Street, Suite 100
Indianapolis, Indiana 46240
(317) 722-5640 or (800) 382-9971

Application must be received by March 30, 2015

Letter of Reference

The National Kidney Foundation of Indiana administers The Larry Smock Scholarship Fund. This fund benefits individuals affected by kidney disease who are pursuing higher education. The Larry Smock Scholarship Fund was established to furnish financial assistance to kidney patients who wish to study courses of an academic or occupational nature. Please complete the following in order to assist the applicant in applying for support.

Date: _____

Name of Applicant: _____

Name of Reference: _____

Address of Reference: _____

Phone: _____

E-mail: _____

How long have you known the applicant and in what capacity?: _____

**Please attach a letter of reference for the applicant.
Professional references should be on professional letterhead.**

This form along with your reference letter may be returned to the applicant for attachment to the application or you may send it to:

Nicki Howard, Public Health Coordinator
National Kidney Foundation of Indiana, Inc.
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317-722-5640 or 1-800 382-9971
nhoward@kidneyindiana.org

Application deadline: March 30, 2015

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