



National **Kidney** Foundation™

Culpepper Exum Scholarship for People with Kidney Disease

Beth Witten, nephrology social worker, established the Culpepper Exum Scholarship for People with Kidney Disease as a memorial to her brother who had diabetes and was on dialysis prior to his death from heart disease in 2002. This scholarship is intended to help two deserving dialysis or transplant patients attend any accredited educational program. The award is for \$1,000 per scholarship for one school year paid directly to the institution. Two scholarships will be awarded this school year—one to a Kansas resident and one to a Missouri resident. Applications are due to the National Kidney Foundation Serving Kansas & Western Missouri no later than **May 16, 2016** and will be considered by an appointed committee. **Scholarship recipients will be selected after each completed application is reviewed and finalists are interviewed.**

Please complete the application as fully as possible. If you cannot complete any question on the application, write “N/A” and explain this answer on a separate page. Take your time to consider your answers carefully and write or type your answers clearly and neatly.

With your application, please include:

- Three letters of recommendation from the following four options:
 - Personal (non-relative)
 - Current/former employer (paid or unpaid) or co-worker
 - Current/former teacher
 - Healthcare professional
- A copy of your most **recent** high school, college or trade school transcript
- Your acceptance letter from the accredited educational/training program where you wish to use this scholarship.

If you attended or graduated from an educational institution within the last 5 years, please ask an official from that educational institution to complete the attached *Educational Institution Form*.

Applications are due by **May 16, 2016**. Please mail or fax the completed signed application with the narrative, three letters of recommendation, and the acceptance letter to:

National Kidney Foundation
ATTN: Scholarship Program
6405 Metcalf Avenue, Suite 204
Overland Park, KS 66202
FAX: (913) 722-4841

For more information call (913) 262-1551, Ext. 473
Scholarship recipients will be notified by June 1, 2016



National Kidney Foundation™

APPLICATION

Please Type or Print

CULPEPPER EXUM SCHOLARSHIP APPLICATION

Name: _____ Today's Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone: Days: (____) _____ Nights: (____) _____ Cell: (____) _____

Date of Birth: _____ Marital Status: _____ # of Dependents: _____

Current Treatment: In-center hemodialysis Home hemodialysis CAPD CCPD
 Living donor transplant Deceased donor transplant

Prior Treatments(s) for Kidney Failure: _____

Current Dialysis Clinic or Transplant Program: _____

Kidney Doctor: _____ Social Worker: _____

FINANCIAL DISCLOSURE

Assets		Monthly Expenses	
House assessed value	\$	Rent / Mortgage	\$
Checking	\$	Food	\$
Savings	\$	Phone	\$
Stocks / bonds / mutual funds	\$	Gas	\$
Retirement / IRA	\$	Electricity	\$
Car Year & Make		Water	\$
Monthly Income		Car payment	\$
Take home pay	\$	Taxi / Gasoline	\$
Spouse take home pay	\$	Doctor / Medical	\$
Other family income	\$	Patient medications	\$
Alimony	\$	Other's medications	\$
Child support	\$	Health premium	\$
Welfare	\$	Life insurance	\$
Disability payments	\$	Disability premium	\$
Retirement payments	\$	Loan(s)	\$
Veteran's benefits	\$	Credit cards	\$
Other	\$	Other	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

Incomplete applications will not be considered. Enter "NA" if a question is not applicable.

EDUCATIONAL INSTITUTION FORM

Instructions:

If you attended or graduated from an educational institution within the last 5 years, any official at that institution can complete this form. Otherwise you need only to provide your most **recent** high school, college or trade school transcript.

Applicant's Name: _____

Applicant's Address: _____

I give my permission for you to provide the information requested below to the National Kidney Foundation of Kansas & Western Missouri.

Signature _____ Date ____/____/____

Class rank: _____ in a class of _____ students

Cumulative grade point average: _____ on a _____ point scale

Graduated: Yes No Dates attended: _____ Date graduated: _____

Test scores:

ACT Verbal: _____ Math: _____ Composite: _____

SAT/PSAT Reading: _____ Math: _____ Writing: _____ Total _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Institution: _____

Phone: _____ Email: _____

Please mail or fax this form by **May 16, 2016** to:

National Kidney Foundation Serving Western Missouri, Kansas and Oklahoma

ATTN: Scholarship Program

6405 Metcalf Avenue, Suite 204

Overland Park, KS 66202

FAX: (913) 722-4841

For more information call

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