

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 7, 2016

Hello.

Thank you for your interest in the National Kidney Foundation of Indiana (NKFI) 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 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 **Thursday,** **March 31, 2016**. Grant awards will be announced no later than mid-June 2016 and be available in August 2016.

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 (NKFI), INC.**

911 E. 86th St, Suite 100, Indpls, IN 46240

Phone: 317-722-5640 or 1-800-382-9971

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

**NKFI SCHOLARSHIP FUND**

# **2016 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.

1. Acceptance letter or proof of enrollment in program/school where scholarship will be used.
2. Essay (See page 4.)
3. 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 Thursday, March 31, 2016.***

The following information must accompany the completed application in order to be considered for funding:

1. High School transcripts((

)College or technical, trade or vocational school transcripts

1. Two (2) letters of reference (not from family members)

## 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 ACTIVIITES

List current or past activities (volunteer, civic, athletic, fraternal, religious, etc.).

Include awards or honors received.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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 Thursday, March 31, 2016***

**Letter of Reference**

The National Kidney Foundation of Indiana (NKFI) Scholarship Fund benefits individuals affected by kidney disease who are pursuing higher education. The Scholarship 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.

911 East 86th Street, Suite 100, Indianapolis, Indiana 46240

317-722-5640 or 1-800 382-9971

nhoward@kidneyindiana.org

***Application deadline: Thursday, March 31, 2016***

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Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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