



National Kidney Foundation™

**JOSEPH DIMARTINO PATIENT SCHOLARSHIP
2017-2018 Academic Year
(Deadline - May 31, 2017)**

APPLICATION CHECKLIST

Attention: Graduating High School Seniors
OR
Adults: Continuing College Education

Before this application is approved, it must include:

1. High School or College Transcript
2. Copy of acceptance letter(s)
3. Two letters of recommendation, including contact information
 - 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. Double spaced and 150-450 words in length. Please describe the reason for continuing your education and how you plan to apply your higher education to achieve future goals.
6. Mail completed application to:
National Kidney Foundation
Attention: Elissa Rowley, Program Manager
1344 University Avenue, Suite 270
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**

**2017-2018 Academic Year
(Deadline - May 31, 2017)**

To be eligible you must:

(1) Be a kidney, dialysis or transplant patient residing in one of the following New York State Counties: Allegany County, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, 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)

**National Kidney Foundation of Upstate New York
JOSEPH DIMARTINO PATIENT SCHOLARSHIP
Letter of Recommendation Form
2017-2018 Academic Year
(Deadline - May 31, 2017)**

_____, 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 **May 31, 2017** in order for the applicant to be considered. Please use additional paper if necessary.

Thank you for your comments.

Mail To:

**National Kidney Foundation
Attention: Elissa Rowley, Program Manager
1344 University Avenue, Suite 270
Rochester, NY 14607**

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JOSEPH DIMARTINO PATIENT SCHOLARSHIP
Letter of Recommendation Form
2017-2018 Academic Year
(Deadline - May 31, 2017)**

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National Kidney Foundation of Upstate New York
JOSEPH DIMARTINO PATIENT SCHOLARSHIP
Medical Verification of Kidney Disease
2017-2018 Academic Year
(Deadline - May 31, 2017)

_____, 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 **May 31, 2017** 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: _____

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1344 University Avenue, Suite 270
Rochester, NY 14607

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

Essay Form

2017-2018 Academic Year

(Deadline - May 31, 2017)

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:

**National Kidney Foundation
Attention: Elissa Rowley, Program Manager
1344 University Avenue, Suite 270
Rochester, NY 14607**