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
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
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: ________________________________

Mail To:
National Kidney Foundation
Attention: Elissa Rowley, Program Manager
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