



# National Kidney Foundation™

**JOSEPH DIMARTINO PATIENT SCHOLARSHIP  
2018-2019 Academic Year  
(Deadline - May 31, 2018)**

## **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**

**2018 - 2019 Academic Year  
(Deadline - May 31, 2018)**

**To be eligible you must:**

- (1) Be a kidney dialysis or transplant patient residing in 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  
2018 - 2019 Academic Year  
(Deadline - May 31, 2018)**

\_\_\_\_\_, 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, 2018** in order for the applicant to be considered. Please use additional paper if necessary.

Thank you for your comments.

Mail To:

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Attention: Elissa Rowley, Program Manager  
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JOSEPH DIMARTINO PATIENT SCHOLARSHIP  
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2018 - 2019 Academic Year  
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**National Kidney Foundation of Upstate New York**  
**JOSEPH DIMARTINO PATIENT SCHOLARSHIP**  
**Medical Verification of Kidney Disease**  
**2018 - 2019 Academic Year**  
**(Deadline - May 31, 2018)**

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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:

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**Rochester, NY 14607**

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

**Essay Form**

**2018 - 2019 Academic Year  
(Deadline - May 31, 2018)**

**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  
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1344 University Avenue, Suite 270  
Rochester, NY 14607**