

## Culpepper Exum Scholarship

### A Post-Secondary Education Scholarship for People with Kidney Disease

The NKF is proud to offer the **2026 Culpepper Exum Scholarship**, an opportunity designed to help a deserving person on dialysis, or kidney transplant recipient, achieve their goals and complete their post-secondary education aspirations. Financial support of **up to \$1,000 per year** will be provided to (up to) two Kansas or Missouri residents who show merit, a commitment to pursuing their goal and demonstrate financial need. This award is renewable for a maximum of 2 years.

This scholarship was created in 2002 by nephrology social worker, Beth Witten, in memory of her brother who had diabetes and was on dialysis prior to his death from heart disease in 2002. It is intended to help dialysis and transplant patients attend any post-secondary in-person or online school or job training program. Up to \$1,000 will be awarded per state (MO and KS) once annually.

Please take the time to carefully review the **Application Guidelines and Instructions below** before completing the enclosed forms. To be considered for this award, all application guidelines must be met in full. The selected recipient will be notified in June 2026.

**Applications are due to the National Kidney Foundation Serving Kansas, Missouri and Arkansas no later than Monday, May 11, 2026.** Scholarship recipients will be selected after an appointed committee reviews each completed application and may interview finalists either via phone, video chat or in person, as circumstances allow.

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#### CULPEPPER EXUM SCHOLARSHIP APPLICATION GUIDELINES:

- The Culpepper Exum Scholarship of up to \$1,000 per year to up to one Missouri and one Kansas resident will be granted based on merit, a well written and workable goal, commitment to pursuing their plan and financial need.
- Applicants must have kidney disease and be a dialysis or transplant patient.
- Applicants must be graduating from high school by the end of this school year or must have already graduated from high school or completed their GED.
- Please complete the application fully. If you cannot answer any question, write "Not Applicable" and explain your answer. If needed, use a separate page. Consider your answers carefully and write or type them clearly and neatly.

\*\*\*Guidelines Continued on Page 2\*\*\*

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

\*\*\*Guidelines Continued\*\*\*

- The Awardee will be eligible to reapply for the scholarship for up to 1 additional year. **Each year, a letter of intent to renew must be submitted to the Culpepper Exum Scholarship selection committee, along with an academic year-end report and a school transcript.**
- If, at any point during your academic studies, any of your contact information changes (including transfer to a new academic institution) OR you take a leave of absence, you must notify the NKF immediately **IN WRITING**.
- **Checks will only be made payable directly to the institution you are attending and will never be made payable to the Awardee.**
  - The entire application, including letters of recommendation, must be received by the deadline to be considered. Refer to the last page for provided Checklist of all items applicants will need to complete and return.
  - This application must be received by the NKF no later than **Monday, May 11, 2026**. If sent by mail, it must be postmarked by Monday, May 11, 2026.

**NOTE:** All award recipients will be required to allow the National Kidney Foundation to mention their name, institution/program/course, and testimonial and to include photos in communications surrounding the awards, including on the NKF website and social media platforms. Nominees are also asked to participate in NKF programs where possible, though this is not a requirement of receiving the scholarship award.

**MAIL COMPLETED APPLICATION  
(ALL INCLUSIONS TOGETHER IN ONE PACKET)**

Applications must be received no later than **May 11, 2026**. If sent by mail, it must be postmarked by May 11, 2026. ***Scholarship recipients will be notified in June 2026.***

**MAIL TO:**

NKF Serving Kansas and Western Missouri  
ATTN: Scholarship Program  
9218 Metcalf Ave. #424 - Overland Park, KS 66212

**NOTE:** This is a mailing address only. Applications can **NOT** be dropped off in person.

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



## CULPEPPER EXUM SCHOLARSHIP APPLICATION PROCESS / INSTRUCTIONS

### FOR PREVIOUS AWARDEE APPLICANTS

**Applicants are required to submit all the following:**

1. The completed application (Pages 4, 5, 6, 7)
2. Proof of acceptance for the upcoming term by intended in-person or online post-secondary school or job training program.
  - A tuition bill or verifiable information on cost of tuition, a more detailed invoice of tuition may be requested upon award acceptance.
3. Personal Statement or Essay
4. Updated financial need summary. Please submit the accompanying Financial Disclosure.

Note: Applicants who are under 18 years of age OR who live with (and/or are supported by) their parents will be required to document their parents' financial status.

*\*Incomplete applications will not be considered.*

Please have the **applicant** call with any questions at 913.262.1551 ext. 473,  
or email [JoAnna.Rogers@kidney.org](mailto:JoAnna.Rogers@kidney.org).

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

## CULPEPPER EXUM SCHOLARSHIP APPLICATION

**Please Print Clearly or Type**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: Days: (\_\_\_\_) \_\_\_\_\_ Nights: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Current Treatment: ☐ In-center HD ☐ Home HD ☐ CAPD ☐ CCPD

☐ Living donor transplant ☐ Deceased donor transplant

Prior Treatments(s) for Kidney Failure: \_\_\_\_\_

Current Dialysis Clinic or Transplant Program: \_\_\_\_\_

Kidney Doctor: \_\_\_\_\_ Social Worker: \_\_\_\_\_

### Scholarship Requested for (please check one of the following):

☐ Degree program ☐ Job training (new job) ☐ Certification (new/current job)

☐ Continuing education (to get/keep job)

☐ Other, please specify \_\_\_\_\_

The information in this application is accurate and complete to the best of my knowledge. The NKF Serving Western Missouri, Kansas & Oklahoma may verify the information in this application with my healthcare provider and/or any federal or state agency from which I receive assistance.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## UPDATED FINANCIAL DISCLOSURE

*If the applicant is a dependent with no income or expenses, complete this section for Family.*

**CHECK ONE**

☐ Individual

☐ Family Financial Disclosure

Assets		Monthly Expenses	
House assessed value	\$	Rent / Mortgage	\$
Checking	\$	Food	\$
Savings	\$	Household utilities	\$
Retirement / IRA	\$	Cell phone	\$
Other_____	\$	Car payment / Taxi / Gas	\$
<b>Monthly Income</b>		Medical bills	\$
Take home pay	\$	Medications (patient / family)	\$
Alimony / child support	\$	Health insurance premium	\$
Welfare	\$	Life insurance premium	\$
Disability payments	\$	Disability insurance premium	\$
Retirement payments	\$	Loan payments (other than car)	\$
Veteran's benefits	\$	Credit cards	\$
Other_____	\$	Other_____	\$
Other_____	\$	Other_____	\$
<b>Total Monthly Income</b>	\$	<b>Total Monthly Expenses</b>	\$

Incomplete applications will not be considered. Enter "N/A" if a question is not applicable.

## STATEMENT OF FINANCIAL NEED

*Please provide additional details regarding financial need here, if desired – **not required**.*

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

✓ **Personal Statement or Essay 1 - ABOUT YOU!**  
Please update us about yourself.

*Example Prompts:*

Reflecting on your academic progress, challenges faced, and how the scholarship impacted your studies. Optional: Future goals and how continued support will help them achieve those.

*Essay should contain 100-300 words.*

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

## CHECKLIST

**\*Please return this form along with your completed application\***

EMAIL TO: [NKFKSWMO@kidney.org](mailto:NKFKSWMO@kidney.org)

**OR MAIL TO:**

NKF Serving KS and MO; ATTN: Scholarship  
9218 Metcalf Ave. #424 - Overland Park, KS 66212

***NOTE: This is a mailing address only. Applications can NOT be dropped off in person.***

***Must be received by May 11, 2026. Incomplete applications will NOT be considered.***

1. \_\_\_\_ The completed application forms
2. \_\_\_\_ Your essay (100-300 words)
3. \_\_\_\_ 2 letters of recommendation
4. \_\_\_\_ Proof of acceptance by intended in-person or online post-secondary school or job training program.
5. \_\_\_\_ Entire application, returned to NKF by **Monday, May 11, 2026.**
6. \_\_\_\_ ***Please keep a copy of your completed application for your own records.***

**\*\*Please have the applicant call with any questions at 913.262.1551 ext. 473 or email [JoAnna.Rogers@kidney.org](mailto:JoAnna.Rogers@kidney.org).**

Thank you for your submission!

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