



**KIDNEY FOUNDATION**  
**OF OHIO, INC.**

Dear Scholarship Applicant:

The Kidney Foundation of Ohio is proud to offer this scholarship opportunity designed to assist a **kidney patient, or child of a patient** achieve his/her academic goals and complete a college education or technical school. Financial support, ranging between \$1,000-\$1,500, will be provided to student(s) who have been diagnosed with kidney disease (or child of a kidney patient), demonstrates need and resides in the Foundation's service area\*. This scholarship is renewable for a maximum of four years if the recipient maintains a minimum C average, based on the institution's standards, and completes the renewal form.

Please take the time to carefully review the **Application Guidelines and Instructions on pages 2 and 3** before completing the enclosed forms. To be considered for this scholarship, all application guidelines must be met in full. The selected recipient(s) will be notified in June 2021.

Completed application forms must be *received* by **Friday, April 30, 2021** to be considered for this award cycle. The entire application, including letters of recommendation, must be submitted all together. On the last page, a checklist is provided with all of the items needed to be completed and returned.

Thank you for your interest.

Best of luck!

A handwritten signature in blue ink that reads "Kelly Dowling".

Kelly Dowling  
Vice President  
Kidney Foundation of Ohio

\*The Kidney Foundation of Ohio service area can be found at [www.kfohio.org](http://www.kfohio.org).

## Kidney Foundation of Ohio Scholarship

### GUIDELINES

- Scholarship(s) of up to \$1,500 will be granted based on the applicant's commitment to pursuing post-secondary education, diagnosis of kidney disease (or child of kidney patient), financial need and residence in Foundation's service area.
- **Applicants must have graduated from high school (by May 31, 2021) or received a GED.**
- The educational institution must be accredited by a certified scholastic organization. **Graduate or Doctoral candidates will not be considered.**
- The Awardee(s) will be eligible to renew his/her scholarship for up to three additional years in order to complete their studies. **Each year, a letter of intent to renew must be submitted to the Foundation, along with an academic year-end report and a school transcript.** Awardees will receive more information regarding the renewal process. A minimum of a C average, based on the institution's standards, will be required to renew and must be maintained each semester.
- If, at any point during academic studies, any contact information changes (including transfer to a new academic institution) OR leave of absence, the awardee(s) must notify the Foundation immediately **IN WRITING**.
- **Payment will be made directly to the institution** after certification of enrollment is received by the Kidney Foundation of Ohio.
- Incomplete applications received after the due date will not be considered.
- Completed applications must be submitted by **Friday, April 30, 2021.**

*Note: All nominees will be required to allow the Kidney Foundation of Ohio to mention their name, institution, and testimonial along with photos in communications surrounding the awards, including on the Foundation's website.*



## Kidney Foundation of Ohio Scholarship

### APPLICATION INSTRUCTIONS:

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

- **The completed application form (pages 4-7, 9). Application must be typed.**
- **Responses to the following questions – 2 pages or less, typed, on 8.5 X 11 paper (Times New Roman font, size 12)**
  1. Briefly tell us about your illness, or parent with illness, and how kidney disease has impacted your life/goals.
  2. Why should you be considered for this scholarship; what sets you apart from other applicants?
  3. How will this scholarship affect your educational path?

#### *Optional Questions:*

- Provide any additional information about yourself that you feel is important for this application
  - Explain how you contribute or plan to contribute to the renal or transplant communities.
- **A letter of recommendation from two (2) of the following people. Recommendation letters cannot be written by a relative:**
    - Nephrologist or Transplant Surgeon
    - Transplant coordinator
    - Nurse
    - Social worker
    - Teacher/professor
    - School administrator
    - School advisor
    - Coach
    - Clergy member
    - Community leaders
    - Supervisor/employer
  - **Official school transcript**



## Kidney Foundation of Ohio Scholarship APPLICATION FORM

*type in boxes below*

### APPLICANT'S INFORMATION:

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

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

City, State, Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

### Check all that apply:

- Hemodialysis or peritoneal dialysis patient
- Kidney transplant recipient
- On transplant wait list
- Parent is on dialysis or has received a transplant. Check one:
  - Dialysis
  - Transplant

Full name of parent:

\_\_\_\_\_

- Other. Please explain: \_\_\_\_\_

### MEDICAL PROFESSIONAL INFORMATION:

Nephrologist: \_\_\_\_\_

Social Worker: \_\_\_\_\_



Dialysis or Transplant Unit: \_\_\_\_\_

Unit/Hospital Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

**EDUCATIONAL INFORMATION:**

I am:

A high school senior entering an accredited college, university, or technical school in Fall 2021.

Attending an accredited college, university, or technical school\*

\*What year will you be entering in Fall 2021:  Freshman  Sophomore

Junior  Senior

Name of accredited college, university, or technical school you attend or will be attending:

\_\_\_\_\_

Have you been accepted?  Yes  No

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

City, State, Zip Code: \_\_\_\_\_

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

Annual Tuition Cost: \_\_\_\_\_

If Applicable, Room and Board Cost: \_\_\_\_\_

Estimated Annual Book Cost: \_\_\_\_\_

Academic Status:  Full-time student  Part-time student



Expected Outcome:  License\*  Associates Degree  Bachelors Degree

\*Type of License \_\_\_\_\_

Complete all that apply:

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Trade: \_\_\_\_\_

Residential status for the upcoming school year:

- On Campus Housing  Off Campus (apartment/house/etc.)
- Living with Parent/Guardian  Other \_\_\_\_\_

**FINANCIAL INFORMATION:**

Are you currently employed?  Yes  No If yes:  Full-time  Part-time

Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

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

Yearly gross income: Applicant: \_\_\_\_\_

Total Household: \_\_\_\_\_

List income source(s) and amount(s) (i.e. SSI/SSDI, food assistance): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of household members: \_\_\_\_\_



Number of household members currently attending college: \_\_\_\_\_

Do you plan to work while attending school?  Yes  No

Have you applied for other scholarship(s)? If yes, include name(s) and amount(s), and status of each request.

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Will you be using student loans to pay for college? If yes, what type(s) and amount(s).

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How are you paying for educational expenses (i.e. parents are contributing, loans, scholarship, etc)

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## ESSAY QUESTIONS:

Responses to the following questions:

*Two (2) pages or less, typed, on 8.5 X 11 paper (Times New Roman font, size 12)*

1. Briefly tell us about your illness, or parent (or legal guardian) with illness, and how kidney disease has impacted your life/goals.
2. Why should you be considered for this scholarship; what sets you apart from other applicants?
3. How will this scholarship affect your educational path?

*Optional Questions:*

- Provide any additional information about yourself that you feel is important for this application
- Explain how you contribute or plan to contribute to the renal or transplant communities.

**I guarantee the accuracy and truth of this application, to the best of my knowledge, and agree that the information in this application may be verified.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





## CHECKLIST

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

**MAIL, FAX, or EMAIL to:**  
**Kidney Foundation of Ohio**  
**ATTN: KFO Scholarship**  
**2831 Prospect Avenue, Cleveland, Ohio 44115**  
**Fax: (216) 771-5114**

[scholarship@kfohio.org](mailto:scholarship@kfohio.org)

**Must be received by Friday, April 30, 2021**

- The completed application form (pages 4-7)
- Responses to essays questions, typed on 8.5 X 11 paper (Times New Roman font, size 12). **No longer than two (2) pages.**
- Two (2) letters of recommendation.
- Official school transcript
- Entire application, returned to KFO by **MAIL, FAX, or EMAIL** by **Friday, April 30, 2021**

*Please keep a copy of your completed application for your own records.*

**\*Incomplete applications will NOT be considered\***