



## 2022 Nursing Scholarship

### **Scholarship Overview**

The Kidney Foundation of Ohio established an annual Nursing Scholarship in memory of Marilyn R. Bartucci MSN, RN, ACNS-BC, CCTC. Marilyn was actively involved with the Foundation as a volunteer, Board and Medical Advisory Board member for over 40 years. She continuously upheld the values of the Foundation and its goal of assisting renal patients. Our hope is that this scholarship continues the incredible legacy she left behind as a nurse and transplant coordinator.

Applications and required attachments must be received by the date listed below. Incomplete or late applications will not be considered. All applicants will be notified of a final decision, in writing, no later than August 1<sup>st</sup>. Payment of the \$1,000 scholarship will be made directly to the institution after certification of enrollment is received by the Kidney Foundation of Ohio. *Doctoral candidates will not be considered.*

### **Applicant Criteria**

- Applicant must be **currently enrolled in an accredited nursing program**. Individuals who have been accepted to a nursing program but have not yet started their coursework as of February 1, 2022 are not eligible to apply.
- Applicant must be **currently attending classes** as of February 1, 2022 that are related to their nursing major.
- Must be pursuing a degree in nursing (ADN, BSN, or MSN) with the intent to obtain a position **working with chronic kidney disease, kidney dialysis or kidney pre/post-transplant patients**.
- Have a **cumulative grade point average of 2.7** or higher
- **Reside in the Kidney Foundation of Ohio service area**. For a complete list of counties served, [click here](#).
- Enrollment may be full-time or part-time.

### **Application Instructions**

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

- Completed application form. Application must be typed.
- Two letters of recommendation. Recommendation letters cannot be written by a relative.
- Official school transcript.

### **Submission**

Completed application can be submitted by email or mailed to the following address. **Application and required attachments must be received by Tuesday, May 31, 2022.**

**ATTN: Scholarship**  
**Kidney Foundation of Ohio**  
2831 Prospect Avenue, Cleveland, Ohio 44115  
[scholarship@kfohio.org](mailto:scholarship@kfohio.org)

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



## 2022 Application

Type in boxes below

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

### EDUCATION INFORMATION

Are you enrolled in an accredited nursing education program  
for the Winter/Spring term 2022-2023? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently taking classes relating to the nursing program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Institution \_\_\_\_\_

Address \_\_\_\_\_

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

Anticipated Graduation Year \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Website \_\_\_\_\_

Academic Status:  Full-time student  Part-time student

Which of the following best describes the type of nursing program you are enrolled in?

- Associates degree program
- Bachelors degree programs (including accelerated and 2<sup>nd</sup> bachelors degree)
- Advanced Practice program (i.e. NP and others)
- Masters degree program
- Another type of nursing program (please describe) \_\_\_\_\_



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

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**ESSAY QUESTIONS**

*Use space below to answer questions. Do not include separate attachment.*

**1. Why should you be considered for this scholarship? What sets you apart from other applicants?**



**2. Explain how you plan to contribute to the renal community through your position as a Nurse.**

**3. Provide any additional information about yourself that you feel is important for this application**



By signing my name below, 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 \_\_\_\_\_

Date \_\_\_\_\_

***Don't forget to submit the following...***

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***Kidney Foundation of Ohio of Ohio employees, Board and Medical Advisory Board members, evaluation committee and their immediate families are not eligible to apply for Foundation Scholarships.***