



2023 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 1st. 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, 2023 are not eligible to apply.
- Applicant must be **currently attending classes** as of February 1, 2023 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 3.0** or higher.
- Demonstrate a **need for financial assistance** and **passion to work in the renal community**.
- **Reside in the Kidney Foundation of Ohio service area**. For a complete list of counties, [click here](#).
- Enrollment may be full-time or part-time.
- Cannot be a previous nursing scholarship recipient.

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 Friday, May 5, 2023.**

ATTN: Nursing Scholarship
Kidney Foundation of Ohio
2831 Prospect Avenue, Cleveland, Ohio 44115
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.



2023 Nursing Scholarship 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 2023-2024? 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 _____

Tuition Cost _____

If applicable, Room & Board Cost _____

Estimated Book Cost _____

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 2nd 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.

Yearly Gross Income: Applicant: _____

Total Household: _____

Number of Household Members _____

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?



[Empty rectangular box for response]

2. Explain how you plan to work with chronic kidney disease, kidney dialysis or kidney pre/post-transplant patients through a position in Nursing.

[Empty rectangular box for response]



3. Do you participate in ongoing volunteer work within your community? If yes, please explain in detail how you contribute your time and talents (i.e. length of time volunteering, organization name, type of volunteer work, etc.).

4. Explain need for financial assistance. 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...

Application Instructions

Applicant is **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.

Completed application can be submitted by email or mailed to the following address. **Application and required attachments must be received by Friday, May 5, 2023.**

ATTN: Nursing Scholarship
Kidney Foundation of Ohio
2831 Prospect Avenue, Cleveland, Ohio 44115
scholarship@kfohio.org

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.