

Dear Patient,

Thank you for your interest in the Northwest Kidney Centers' Rehabilitation Scholarship Program. This program was established in 1985 to help kidney patients finance education and training to enable them to enter or return to the work force.

### ELIGIBILITY GUIDELINES

To be eligible to apply for a scholarship, you must be a Northwest Kidney Centers dialysis patient, an NKC kidney transplant recipient of 5 years or less, 18 years of age or older and a resident of Washington State. Scholarships must be used in Washington State.

### SCHOLARSHIP BENEFITS

The maximum yearly award is \$3,000. Scholarship winners may apply each year until they have used a total of \$6,000 in scholarship funds.

Scholarship funds are to be used for tuition, books and approved supplies. A maximum of \$500 may go to pay for non-traditional supplies, excluding computers. Non-traditional supply purchases must be approved in advance. The scholarship does not pay for normal living expenses (e.g. rent, utilities, food, apparel, medical costs, child care or transportation).

### APPLICATION PROCESS

**The NKC Rehabilitation Scholarship Program is a competitive process! Your application is a reflection of you and your commitment to your educational and employment goals.** *It is **your** responsibility to make sure **all** forms are fully completed and returned, including the forms from your doctor and Social Worker.*

**Incomplete forms and late applications will not be accepted.**

## COMPLETION OF APPLICATION

1. Please **type** or **print** neatly.
2. Please ensure that all financial information is correct and written clearly on the Scholarship Application Form so the committee may properly evaluate your financial situation. For your application to be considered for the 2011-2012 academic year, **you must:**
  - Answer ALL questions on the Application Form. If questions do not apply to your situation, please write NA in the space provided.
  - Sign the completed form and return it in one of the self-addressed return envelopes along with your FAFSA application (see FAFSA section below).
  - Please be sure that your name appears on all seven pages of the application.
  - Have your Nephrologist and either your NKC Social Worker or your transplant program Social Worker complete their statements (the forms are enclosed) on your behalf and return the completed forms to NKC in the envelopes provided.

Remember, if you have not talked with your Nephrologist or Social Worker about your educational goals and plans, they will not be able to write strong statements in support of your application.

Additionally, please do not wait until the last minute to ask your Nephrologist or Social Worker to complete the statement. If they are out of town, unavailable or don't have time to complete the forms, your application will not be processed.

3. If you require assistance in completing your application forms please contact your NKC Social Worker. Or, if you have any further questions about the Scholarship process, you may contact Adrian Fomby at 206-292-3090 or [adrian.fomby@nwkidney.org](mailto:adrian.fomby@nwkidney.org) or William Bowden at 206-720-3772 or [bill.bowden@nwkidney.org](mailto:bill.bowden@nwkidney.org).

**The entire application, including your Nephrologist and Social Worker statements, must be returned to NKC no later than March 28.**

## COMPLETION OF THE FAFSA

1. Along with the Scholarship Application, you must complete the FAFSA form online at <http://www.fafsa.ed.gov> (the form has been enclosed for you to use as a reference but it must be completed online.)

### **Your application will not be processed without a FAFSA**

If you do not have access to the internet or printing capabilities, you can try to do so at your local library, educational institution where you plan to study or contact your NKC Social Worker to assist.

After completing the FAFSA online, submit it online and print a confirmation of your online registration. Also please print a copy of your completed online FAFSA form and submit it with your NKC scholarship application.

The FAFSA form will be used to help determine your financial need for a scholarship. You can print these items from the FAFSA website by selecting the option, "View and print your student aide report".

If you previously filled out a FAFSA for the current year, you need not re-submit to FAFSA, simply print a copy of completed form from the internet and send it in with your NKC application.

## SELECTION PROCESS

A volunteer committee will evaluate your application based on your financial need and educational and employment goals. In May, the committee will interview finalists and winners will be announced soon afterward. There will be an awards ceremony after the winners are selected.

With the increasing cost of education, it is likely that the NKC Scholarship may not fund your entire educational costs should you be selected. Therefore, you should also look into other forms of financial aid by speaking with the financial aid office at your educational institution (enclosed is a sample list).

Again, thank you for your participation in the scholarship program. Good Luck!

Sincerely,

William Bowden  
Scholarship Coordinator

**Important:** Please answer all questions to the best of your ability. Please type or print legibly.



## SCHOLARSHIP APPLICATION

700 Broadway ■ Seattle, Washington 98122 ■ (206) 292-2771

NAME:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH:
ADDRESS:		CITY:	ZIP:
MARITAL STATUS:		NUMBER OF DEPENDENTS:	
HOME PH:	WORK PH:	MESSAGE #:	
CELL PH:	EMAIL:		

### MEDICAL INFORMATION

CAUSE OF KIDNEY FAILURE:	
CURRENT TREATMENT: <input type="checkbox"/> HEMODIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS <input type="checkbox"/> TRANSPLANT	
DATE BEGAN DIALYSIS/RECEIVED MOST RECENT TRANSPLANT:	
DIALYSIS TREATMENT FACILITY:	
NEPHROLOGIST:	PHONE #:
DIALYSIS/TRANSPLANT SOCIAL WORKER:	PHONE #:

### EDUCATIONAL INFORMATION

HIGH SCHOOL OR GED / LOCATION					G.P.A.	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR OTHER SCHOOLS / LOCATION	DATES ATTENDED __ TO __	FIELD OF STUDY	CREDITS COMPLETED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	G.P.A.	DEGREE / CERTIFICATE
	DATES ATTENDED __ TO __	FIELD OF STUDY	CREDITS COMPLETED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	G.P.A.	DEGREE / CERTIFICATE
	DATES ATTENDED __ TO __	FIELD OF STUDY	CREDITS COMPLETED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	G.P.A.	DEGREE / CERTIFICATE

### EDUCATIONAL / TRAINING OBJECTIVES

NAME OF SCHOOL I PLAN TO ATTEND:
MAJOR COURSE OF STUDY:
HOW MANY QUARTERS/SEMESTERS DO YOU PLAN TO ATTEND IN THE COMING SCHOOL YEAR?
HOW LONG WILL IT TAKE YOU TO COMPLETE YOUR EDUCATIONAL PROGRAM?

**GOALS**

**PLEASE ANSWER THESE QUESTIONS: (ATTACH ADDITIONAL PAGES IF NECESSARY)**

**1. WHAT EDUCATIONAL GOAL WILL THIS SCHOLARSHIP BE USED TO ACCOMPLISH?**


**2. WHY IS THIS EDUCATIONAL OPPORTUNITY IMPORTANT TO YOU?**


**3. AFTER COMPLETING THIS EDUCATION, WHAT ARE YOUR EMPLOYMENT GOALS?**


**4. HAVE YOU INVESTIGATED THE JOB OPPORTUNITIES IN THIS FIELD? PLEASE EXPLAIN.**


**5. IS THERE ANYTHING ELSE YOU WOULD LIKE THE COMMITTEE TO KNOW? (YOUR VOLUNTEER ACTIVITIES, COMMUNITY SERVICE, ACADEMIC PERFORMANCE, HEALTH ISSUES, SPECIAL FAMILY CIRCUMSTANCES)**


EMPLOYMENT INFORMATION	
CURRENT POSITION: EMPLOYER:	DATES:
PREVIOUS POSITION: EMPLOYER:	DATES:
PREVIOUS POSITION: EMPLOYER:	DATES:

OTHER SOURCES OF FINANCIAL ASSISTANCE
<p><b>YOU MUST INCLUDE A COPY OF YOUR FORM FOR FEDERAL FINANCIAL AID (FAFSA) EVEN IF YOU HAVE ALREADY FILED. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FAFSA.</b></p> <p>APPLICANTS ARE STRONGLY ENCOURAGED TO INVESTIGATE ALL AVENUES OF POSSIBLE FINANCIAL SUPPORT.</p>
<p><b>LIST OTHER SOURCES OF FINANCIAL AID FOR WHICH YOU HAVE APPLIED/RECEIVED:</b></p>
<p><b>HOW MUCH FINANCIAL ASSISTANCE PER MONTH WILL YOUR SPOUSE AND/OR FAMILY BE ABLE TO CONTRIBUTE TO YOUR EDUCATION?</b></p>

### INCOME

LIST ALL SOURCES OF INCOME AND THE AMOUNT YOU RECEIVE EACH MONTH.

WAGES:	PENSION:
SOCIAL SECURITY (SSDI):	SUPPLEMENTAL SECURITY INCOME (SSI):
UNEMPLOYMENT:	GRANTS:
ALIMONY:	CHILD SUPPORT:
SPOUSE:	PARENT/GUARDIAN:
OTHER FAMILY:	FOOD STAMPS:
OTHER:	OTHER:
TOTAL MONTHLY INCOME: _____	

### ASSET INFORMATION

CHECKING ACCOUNT: \$ _____	SAVINGS ACCOUNT: \$ _____
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### PERSONAL EXPENSES

PLEASE LIST THE AMOUNT OF MONEY YOU PAY FOR THE FOLLOWING ITEMS EACH MONTH.

EXPENSE	MONTHLY PAYMENT	PRESENT BALANCE
RENT/MORTGAGE		
PHONE		
GAS, ELECTRIC, OIL		
AUTO LOAN		
CREDIT CARD No. 1		
CREDIT CARD No. 2		
CREDIT CARD No. 3		
CLOTHING		
FOOD		
ALIMONY/CHILD SUPPORT		
MEDICAL		
TRANSPORTATION		
KIDNEY CENTER		
OTHER		
TOTAL YOUR MONTHLY EXPENSES: _____		

IF YOUR MONTHLY EXPENSES ARE HIGHER THAN YOUR MONTHLY INCOME (LISTED ABOVE) PLEASE EXPLAIN HOW YOU MEET THESE EXPENSES: \_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL EXPENSES**

PLEASE WRITE DOWN WHAT IT WILL COST YOU TO ATTEND SCHOOL FOR EITHER:

ONE: QUARTER  OR ONE: SEMESTER 

TUITION:

SUPPLIES:

BOOKS:

OTHER:

PLEASE TOTAL YOUR PAYMENTS FOR ONE QUARTER/SEMESTER: \_\_\_\_\_

WHAT IS THE TOTAL ESTIMATED COST TO COMPLETE YOUR EDUCATIONAL GOAL? \$ \_\_\_\_\_

HOW MUCH MONEY ARE YOU REQUESTING FROM THE SCHOLARSHIP COMMITTEE? (\$3,000 MAX/YR)

\$ \_\_\_\_\_

**APPLICANT'S AGREEMENT**

I HEREBY AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE THAT IF I AM AWARDED AN EDUCATIONAL SCHOLARSHIP, I WILL PROVIDE THE NORTHWEST KIDNEY CENTERS WITH VERIFICATION OF MY ATTENDANCE AT THE INSTITUTION I HAVE CHOSEN, ALONG WITH DOCUMENTATION OF MY PROGRESS AND OF COSTS ASSOCIATED WITH ATTENDANCE. I UNDERSTAND THAT THESE FUNDS, IF MISUSED, WILL BE TERMINATED.

\_\_\_\_\_  
APPLICANT SIGNATURE\_\_\_\_\_  
DATE**VOLUNTARY INFORMATION**

WE ASK THAT YOU VOLUNTARILY IDENTIFY YOUR RACE OR ETHNIC BACKGROUND. THIS INFORMATION WILL NOT BE USED IN CONSIDERING YOUR SCHOLARSHIP APPLICATION.

 CAUCASIAN  ASIAN OR PACIFIC ISLANDER  BLACK  HISPANIC AMERICAN INDIAN/ALASKAN NATIVE 

OTHER \_\_\_\_\_

**NORTHWEST KIDNEY CENTERS SCHOLARSHIP APPLICATION  
DIALYSIS OR TRANSPLANT SOCIAL WORKER STATEMENT**

HOW LONG HAVE YOU KNOWN THIS PATIENT/STUDENT?

WHAT EDUCATIONAL/EMPLOYMENT GOALS HAS HE/SHE DISCUSSED WITH YOU?

DO YOU BELIEVE THE APPLICANT IS MOTIVATED TO COMPLETE THIS PROGRAM?

TO THE BEST OF YOUR KNOWLEDGE, DOES THE APPLICANT HAVE A DEMONSTRATED NEED FOR EDUCATIONAL FINANCIAL ASSISTANCE?

HAS THE APPLICANT EXPLORED OTHER AVENUES OF EDUCATIONAL FINANCIAL ASSISTANCE?

DOES IT APPEAR THERE IS ADEQUATE SOCIAL SUPPORT FOR THE APPLICANT TO ACCOMPLISH THIS GOAL?

HOW DO YOU BELIEVE THIS PROGRAM WILL BENEFIT THE APPLICANT?

DO YOU KNOW OF ANY CIRCUMSTANCES THAT MIGHT PREVENT THE APPLICANT FROM FOLLOWING THROUGH WITH THIS PROGRAM?

WOULD YOU RECOMMEND THAT THIS APPLICANT RECEIVE SCHOLARSHIP FUNDS?

ADDITIONAL COMMENTS (ATTACH EXTRA PAGES)

\_\_\_\_\_  
SOCIAL WORKER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

**NORTHWEST KIDNEY CENTERS SCHOLARSHIP APPLICATION  
MEDICAL STATEMENT**

WHAT EDUCATION/EMPLOYMENT GOALS HAS YOUR PATIENT DISCUSSED WITH YOU?


HOW DO YOU BELIEVE THE APPLICANT'S PHYSICAL/MEDICAL STATUS WILL IMPACT HIS/HER ABILITY TO ACCOMPLISH HIS/HER EDUCATIONAL GOALS?


HOW DO YOU BELIEVE THE APPLICANT'S MENTAL/EMOTIONAL STATUS WILL IMPACT HIS/HER ABILITY TO ACCOMPLISH HIS/HER EDUCATIONAL GOALS?


HOW DO YOU BELIEVE THE APPLICANT'S PHYSICAL/MEDICAL STATUS WILL IMPACT HIS/HER ABILITY TO WORK IN THE FIELD HE/SHE HOPES TO ENTER?


WHAT IMPACT WOULD THIS PROGRAM HAVE ON YOUR PATIENT'S MENTAL/EMOTIONAL HEALTH?


ON A SCALE OF 1-5, HOW WELL DO YOU THINK THE PATIENT IS MEETING THEIR MEDICAL REGIMEN (DIET, MEDICATIONS, DIALYSIS)

**Poor 1 2 3 4 5 Great**

WOULD YOU RECOMMEND THIS PATIENT RECEIVE SCHOLARSHIP FUNDS?

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER