



APPLICATION PACKET

APPLICATION INSTRUCTIONS:

Print all information except for signatures. If there is not enough space for your responses in any section, information may be continued on extra sheets of paper and attached to the application.

Application Postmark Deadline: April 1, 2021

The application for a scholarship is complete and valid only when you have submitted all of the following:

REQUIRED APPLICATION MATERIALS:

- Completed Scholarship Application (4 Pages—not including transcript or applicant recommendation form)
- A copy of most recent academic transcript. (If transcript is not available, please indicate this in the “Unusual Circumstances” section of the application. Successful life experience will be considered.)
- Applicant Recommendation form
- Name of the school to which award will be applied, campus address, and student identification number.
- Applicant’s signature certifying accuracy of application and supporting materials (*See Page 5*)
- I agree to provide the name and contact information for my dialysis social worker so the scholarship committee can make contact regarding my application.

Social Worker Name: _____

Dialysis Unit: _____ Phone Number: _____

OPTIONAL:

- I would like to be considered for the **Mary Brennan Award**. By checking this box, I certify that I am on dialysis and in financial need. (*See Page 5*)
- Consent Form for Photographs and Videos (Names and photos of scholarship winners will be used for acknowledging the winners in NKFM media).
- Photo Submission (This may be included in the mailed application as a printed photo, or can be e-mailed to patientservices@nkfm.org as a .jpg, .png, .gif, or .tiff with “Scholarship Photo” in the subject line).

Mail, fax, or email completed materials to:

National Kidney Foundation of Michigan

ATTN: Cynthia Nichols-Jackson

Mail: 1169 Oak Valley Drive, Ann Arbor, MI 48108

Fax: 833-292-6778

Email: patientservices@nkfm.org

Questions about the Scholarship Program?

Please contact:

Cynthia Nichols-Jackson

Phone: 734-222-9800 Ext. 3000

Email: patientservices@nkfm.org

RICHARD SWARTZ / MAURIE FERRITER SCHOLARSHIP PROGRAM

National Kidney Foundation of Michigan | 1169 Oak Valley Dr., Ann Arbor, MI 48108
734-222-9800 (Office) 833-292-6778 (Fax) www.nkfm.org/scholarships

STUDENT APPLICATION

APPLICANT INFORMATION

Last Name															First Name															Middle Initial									
Street Address																														Apartment #									
City																									State										Zip Code				
/ /					()					-					()					-																			
Birth Date: (Mo./Day/Yr.)										Primary Phone #															Secondary Phone #														
E-mail Address:																																							

NAME OF DIALYSIS OR TRANSPLANT CENTER AND CITY

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Do you currently receive Medicaid services? (e.g. mihealth card, Healthy Michigan Plan, MICHild, CSHCS, etc.)
 Yes No

HIGH SCHOOL INFORMATION

School Name																									Graduation Date: Month/Year														
City																									State										Zip Code				

COLLEGE INFORMATION AND SCHOLARSHIP MAILING ADDRESS

Information for the college where you are enrolled, and the exact address where the scholarship check needs to be sent for the campus you are attending (financial aid or cashier office address). You are responsible for providing the correct mailing address. Please notify us immediately if you transfer schools after submitting your application.

School Name / Address																																							
School Address Line 2																									City										Zip Code				
																									/					.									
Student ID #															Expected Graduation: Month/Year															Current GPA/4.0									

LIFE WITH KIDNEY DISEASE

Please tell us a little about your life with kidney disease. You may want to include such things as how long you have had kidney disease, your treatment modality (type of dialysis/transplant), and how it has impacted your life. (Limit 300 words)

UNUSUAL CIRCUMSTANCES

If you feel your transcript does not accurately reflect your academic potential, please describe how and when any unusual family or health circumstances affected your achievement in school, work, or other activities. **Also, if your transcript is not available, please indicate the reason.** (Limit 200 words)

MARY BRENNAN AWARD (*Optional for applicants who meet the criteria below*)

This is an additional \$1,000 award donated by a transplant recipient and named in honor of his living donor. **This award will be given to a student on dialysis with great financial need.**

EXPENSES

Please fill in your income and expenses where applicable:

MONTHLY HOUSEHOLD INCOME:

Yours: \$ _____ Source _____

Other: \$ _____ Source _____

(All others in household)

Total: \$ _____

Number of people dependent on household income:

MONTHLY EXPENSES

Housing & Utilities: \$ _____

Insurance (health, life, auto, home): \$ _____

Transportation (gas, taxi fare, bus): \$ _____

Loans (car, student, credit cards, etc.): \$ _____

Medication expenses: \$ _____

Other monthly expenses (specify): \$ _____

Total: \$ _____

Please tell us a little bit about your life expenses. (Limit 50 words)

Please describe how any unusual family (dependent children) or health circumstances will affect your expenses for school. (Limit 200 words)

CERTIFICATION AND SELECTION OF RECIPIENTS

NKFM has the sole responsibility for selecting recipients. In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of NKFM.

Applicant Signature

Date

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STUDENT APPLICATION—APPLICANT RECOMMENDATION

To be completed by a social worker, counselor, advisor, instructor, or a supervisor who knows the applicant well. You have been asked to provide information in support of this scholarship applicant **by April 1, 2021**

Please return this completed section to the applicant in a sealed envelope or mail to:

National Kidney Foundation of Michigan | ATTN: Cynthia Nichols-Jackson

1169 Oak Valley Drive Ann Arbor, MI 48108 Or Fax to: 833-292-6778

For more information contact: Cynthia Nichols-Jackson 734-222-9800 (Office) | patientservices@nkfm.org

Applicant Name: _____

Circle the most appropriate answer.

The applicant's choice of a post-secondary education program is:	extremely appropriate	very appropriate	moderately appropriate	inappropriate
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The applicant's achievements reflect his/her ability:	extremely well	very well	moderately well	not well
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The applicant's ability to set realistic and attainable goals is:	excellent	good	fair	poor
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The applicant's commitment to attend school is:	excellent	good	fair	poor
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The applicant demonstrates initiative:	extremely well	very well	moderately well	not well
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The applicant demonstrates good problem-solving skills, follows through and completes tasks:	extremely well	very well	moderately well	not well
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Comments: _____

Person completing form: _____

Relationship to Applicant: _____

Business Address: _____

Business Phone: _____

Signature: _____ Date: _____

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Consent for Photographs and Video

I hereby grant permission to the National Kidney Foundation of Michigan (NKFM), its representatives and the mass media (with NKFM’s approval), including online, print, radio and TV:

- to take photographs or videos and to make recordings using my voice.
- to use my name with these images and recordings.
- to use my writings, personal story, or testimonial, whether in written or oral form.

I further grant to the National Kidney Foundation of Michigan and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed, for promoting and publicizing the National Kidney Foundation of Michigan and its activities and for administrative, program and other purposes.

Photographs, video images and voice recordings not taken by the mass media are the property of the National Kidney Foundation of Michigan.

Print Name _____

Address _____

Signature _____

Date _____

Program/Event you’re participating in? _____

When subject is a minor or legally incapable to give consent.

Representative _____

Relationship _____

Witness _____

