

## **Richard D. Swartz / Maurie Ferriter Scholarship Program – Year 2026**

A Post-Secondary Scholarship for People on Dialysis or with a Kidney Transplant

The NKFM's Swartz/Ferriter Scholarship Program assists individuals who are on dialysis or who have received a kidney transplant, to achieve their higher education goals.

The number of scholarship recipients, and the amount of scholarship awards varies from year to year. Awards are for one year only; however, awardees are eligible to reapply for a scholarship for up to one additional year.

In addition to a grant from the Scholarship Program, the \$1,000 David W. Elliott Scholarship will be awarded to ten Swartz/Ferriter Scholarship winners who are in great financial need.

Please take the time to carefully review the *Application Requirements* and *Submission Instructions* before completing the enclosed forms. To be considered for this award, all application guidelines must be met in full.

**Applications are due to the National Kidney Foundation of Michigan no later than April 15, 2026.**

The NKFM Swartz/Ferriter Scholarship Program Committee has the sole responsibility of selecting recipients based on the criteria as set forth in the application. The selected recipient will be notified in May 2026.

**Please contact NKFM's Patient Services Department with any questions at  
800-482-1455 ext. 2570 or email [patientservices@nkfm.org](mailto:patientservices@nkfm.org)**



## Application Requirements: Applicant Eligibility

1. Applicant must be on dialysis or received a kidney transplant
2. Resident of Michigan
3. Applicant must be accepted and/or enrolled part-time or full-time in an accredited college, university, trade, technical, or vocational school.
  - a. Minimum of 3 credit hours
  - b. In-person and/or on-line classes are acceptable
4. GPA of 2.0 or higher

## Application Requirements: Required Documentation

*Refer page 11 for provided Checklist*

1. The entire Scholarship Application (pages 4, 5, 6, 7, 9)
  - a. Please complete the application fully. If you cannot answer any question, write "Not Applicable" and explain your answer. If needed, use a separate page to complete essays. Consider your answers carefully. Type responses or write them clearly and neatly.
2. 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.)
3. Applicant Recommendation Form (page 10). This is to be completed by a social worker, counselor, advisor, instructor, or a supervisor who knows the applicant well.
4. Student ID Number from an accredited college, university, trade, technical, or vocational school.
  - a. Current high school seniors and those beginning a post-secondary program must show proof of acceptance if not currently enrolled in classes.
5. Applicant's signature certifying accuracy of application and supporting materials (page 9).

## Application Requirements: \*Optional\* Documentation

*Refer to page 11 for provided Checklist*

1. Completed David W. Elliott Scholarship Form (page 8)
2. Consent Form for Photographs and Videos (*Names and photos of scholarship winners will be used for acknowledging the winners in NKFM media*).
3. Photo Submission (*This may be included in the mailed application as a printed photo, or can be e-mailed to [patientservices@nkfm.org](mailto:patientservices@nkfm.org) as a .jpg, .png, .gif, or .tiff with "Scholarship Photo" in the subject line*).

**Applicant Name:** \_\_\_\_\_

## Submission Instructions:

All required documentation is to be submitted to NKFM's Patient Services Department by email, fax, or postal service.

**Email:** [patientservices@nkfm.org](mailto:patientservices@nkfm.org)

- Subject line: "Scholarship Program"

**Fax:** 833-292-6778

- To: "Scholarship Program"

### Mailing Address:

- National Kidney Foundation of Michigan
- ATTN: Scholarship Program
- 1169 Oak Valley Drive
- Ann Arbor, MI 48108

**Completed scholarship applications and supporting materials must be received by the NKFM no later than Wednesday, April 15, 2026.** If sent by mail, it must be postmarked by Wednesday, April 15, 2026.

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

## Scholarship Application Form

*Please type or print clear responses*

### **Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Dialysis or Transplant Center and City: \_\_\_\_\_

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

### **High School Information**

School Name: \_\_\_\_\_ Graduation Date (MM/YYYY): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **College Information & Scholarship Mailing Address**

*Please provide 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). Applicants are responsible for providing the correct mailing address. Please notify NKFM immediately if you transfer schools after submitting your application.*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Expected Graduation Date (MM/YYYY): \_\_\_\_\_ Current GPA: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Volunteer Activities, Awards, and Honors:** *List all community activities you participated in without pay (music, sports, volunteering, student government, etc.). Also list awards, honors, or offices held.*

Activity / Award / Offices	Dates	Details of Experience

**Work Experience:** *List your most recent work experience here, including paid internships.*

Name of Employer	Dates	Position Held



**Applicant Name:** \_\_\_\_\_

**Essay 1 – Life with Kidney Disease:** *Please tell us a little about yourself and 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)*



**Applicant Name:** \_\_\_\_\_

**Essay 2 – Long Term Goals & Aspirations:** *Please describe your future goals and how your educational and career objectives will help you reach those goals. (Limit 200 words)*

**Essay 3 – 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)*



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

**David W. Elliott Scholarship Form – \*Optional section for applicants who meet criteria below\***

This additional \$1,000 award will be given to ten students who are in 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)**

**Applicant Name:** \_\_\_\_\_

### **Certification & Selection of Applicants**

The National Kidney Foundation of Michigan's Swartz/Ferriter Scholarship Program Committee has the sole responsibility of selecting recipients based on the criteria as set forth in the application. Scholarships are awarded without regard to age, race, creed, color, disability, gender, religion or national origin. Recipients are selected on the basis of past academic performance and the potential to succeed in their chosen academic program. Also considered are participation and leadership in school and community activities, work experience, honors, awards, education and career goals, and unusual personal or family circumstances. All awarded scholarships are final. The amount of scholarship grants varies from year to year. All information received from applicants is considered confidential and is reviewed only by the Swartz/Ferriter Scholarship Program Committee.

- *In submitting this application and supporting documentation, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the NKFM.*
- *I agree to provide the name and contact information for my dialysis/transplant social worker so the scholarship committee can make contact regarding my application, as needed.*

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

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

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

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

## Student Applicant Recommendation Form

Form is to be completed by a social worker, counselor, advisor, instructor, or a supervisor who knows the applicant well.

Circle the most appropriate answer:

<b>The applicant's choice of a post-secondary education program is:</b>	Extremely appropriate	Very appropriate	Moderately appropriate	Inappropriate
<b>The applicant's achievements reflect his/her ability:</b>	Extremely well	Very well	Moderately well	Not well
<b>The applicant's ability to set realistic and attainable goals is:</b>	Excellent	Good	Fair	Poor
<b>The applicant's commitment to attend school is:</b>	Excellent	Good	Fair	Poor
<b>The applicant demonstrates initiative:</b>	Extremely well	Very well	Moderately well	Not well
<b>The applicant demonstrates good problem-solving skills, follows through and completes tasks:</b>	Extremely well	Very well	Moderately	Not well

Comments:

Name of Person Completing Form: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to the applicant or send directly to NKFM's Patient Services' Department by April 15, 2026:**

**Email:** [patientservices@nkfm.org](mailto:patientservices@nkfm.org)

- Subject line: "Scholarship Program"

**Fax:** 833-292-6778

- To: "Scholarship Program"

*\*If you have questions about the form or scholarship program, please email Patient Services or call 800-482-1455 ext. 2570.*

## Scholarship Application Submission Checklist

### Required Documents:

1. \_\_\_\_\_ Completed Swartz/Ferriter Scholarship Application Forms (pages 4, 5, 6, 7, 9)
2. \_\_\_\_\_ A copy of most recent academic transcript (*If transcript is not available, you must indicate this in the "Unusual Circumstances" section of the application.*)
3. \_\_\_\_\_ Provided Student ID Number on page 4
4. \_\_\_\_\_ Proof of acceptance by or enrollment in intended post-secondary school
5. \_\_\_\_\_ Completed Student Applicant Recommendation Form
6. \_\_\_\_\_ Signed page 9 - "Certification & Selection of Applicants"

### Optional Documents:

1. \_\_\_\_\_ Completed the David W. Elliott Scholarship Form (page 8)
2. \_\_\_\_\_ Signed the Consent Form for Photographs and Videos (*Names and photos of scholarship winners will be used for acknowledging the winners in NKFM media.*)
3. \_\_\_\_\_ Photo Submission (*This may be included in the mailed application as a printed photo, or can be emailed to [patientservices@nkfm.org](mailto:patientservices@nkfm.org) as a .jpg, .png, .gif, or .tiff with "Scholarship Photo" in the subject line.*)

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