



## 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 15, 2023**

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 **Richard D. Swartz M.D. Scholarship Award**. By checking this box, I certify that I am a student with great 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](mailto: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: Karen Bauman

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

Fax: 1-833-292-6778

Email: [kbauman@nkfm.org](mailto:kbauman@nkfm.org)

### Questions about the Scholarship Program?

**Please contact:**

Karen Bauman

Phone: 1-734-222-9800 Ext. 3060

Email: [kbauman@nkfm.org](mailto:kbauman@nkfm.org)

# RICHARD D. SWARTZ / MAURIE FERRITER SCHOLARSHIP PROGRAM

National Kidney Foundation of Michigan | 169 Oak Valley Dr., Ann Arbor, MI 48108  
734 222 9800 (Office) | 833 292 6778 (Fax) | [www.nkfm.org/scholarships](http://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				
/															/					.									
<b>Student ID #</b>										Expected Graduation: Month/Year										Current GPA/4.0									

## 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

## LONG TERM GOALS AND ASPIRATIONS

Please describe your future goals and how your educational and career objectives will help you reach those goals. (Limit 200 words)

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**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)

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**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)

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**RICHARD D. SWARTZ, M.D. SCHOLARSHIP AWARD** (\*Optional for applicants who meet the criteria below\*)

**This additional \$1,000 award will be given to a student 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)

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

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**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.

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**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 15, 2023**

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

National Kidney Foundation of Michigan | ATTN: Karen Bauman

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

**For more information contact: Karen Bauman 734-222-9800 (Office) | kbauman@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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