

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

NORTHWEST KIDNEY CENTERS

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

SCHOLARSHIP APPLICATION

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 #:
SOCIAL WORKER/COUNSELOR:	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 COMPLETE D	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	G.P.A.	DEGREE / CERTIFICATE
	DATES ATTENDED ____ TO ____	FIELD OF STUDY	CREDITS COMPLETE D	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	G.P.A.	DEGREE / CERTIFICATE
	DATES ATTENDED ____ TO ____	FIELD OF STUDY	CREDITS COMPLETE D	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	G.P.A.	DEGREE / CERTIFICATE

EDUCATIONAL / TRAINING OBJECTIVES

NAME OF SCHOOL I PLAN TO STUDY AT:

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. 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>YOU MUST INCLUDE A COPY OF YOUR FORM FOR FEDERAL FINANCIAL AID (FAFSA). IF YOU HAVE ALREADY FILED A FAFSA FOR THE CURRENT SCHOOL YEAR, ATTACH A COPY TO THIS APPLICATION. APPLICANTS ARE STRONGLY ENCOURAGED TO INVESTIGATE ALL AVENUES OF POSSIBLE FINANCIAL SUPPORT.</p>
<p>LIST OTHER SOURCES OF FINANCIAL AID FOR WHICH YOU HAVE APPLIED/RECEIVED:</p>
<p>HOW MUCH FINANCIAL ASSISTANCE PER MONTH WILL YOUR SPOUSE AND/OR FAMILY BE ABLE TO CONTRIBUTE TO YOUR EDUCATION?</p>

INCOME	
LIST ALL SOURCES AND AMOUNT OF MONTHLY INCOME.	
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: \$

PERSONAL EXPENSES		
PLEASE INDICATE WHAT <u>YOU</u> PAY ON THE FOLLOWING ITEMS.		
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 PERSONAL EXPENSES EXCEED YOUR MONTHLY INCOME (LISTED ABOVE) PLEASE EXPLAIN HOW YOU MEET THESE EXPENSES:		

EDUCATIONAL EXPENSES	
PLEASE SHOW BREAKDOWN OF EXPENSES FOR EITHER:	
ONE: QUARTER <input type="checkbox"/> Or ONE: SEMESTER <input type="checkbox"/>	
TUITION:	SUPPLIES:
BOOKS:	OTHER:
PLEASE TOTAL YOUR PAYMENTS FOR ONE QUARTER/SEMESTER: _____	

WHAT IS THE TOTAL ESTIMATED COST OF COMPLETING YOUR EDUCATIONAL GOAL? \$ _____

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

APPLICANT'S AGREEMENT		
<p>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.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <p>_____</p> <p>APPLICANT'S SIGNATURE</p> </td> <td style="width: 40%; border: none;"> <p>_____</p> <p>DATE</p> </td> </tr> </table>	<p>_____</p> <p>APPLICANT'S SIGNATURE</p>	<p>_____</p> <p>DATE</p>
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VOLUNTARY INFORMATION									
<p>WE ASK THAT YOU VOLUNTARILY IDENTIFY YOUR RACE OR ETHNIC BACKGROUND. THIS INFORMATION WILL NOT BE USED IN CONSIDERING YOUR SCHOLARSHIP APPLICATION.</p>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> CAUCASIAN</td> <td style="width: 33%;"><input type="checkbox"/> HISPANIC</td> <td style="width: 33%;"><input type="checkbox"/> BLACK</td> </tr> <tr> <td><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</td> <td><input type="checkbox"/> VIETNAMESE/LAOTIAN/CAMBODIAN</td> <td></td> </tr> <tr> <td><input type="checkbox"/> OTHER ASIAN OR PACIFIC ISLANDER</td> <td><input type="checkbox"/> OTHER _____</td> <td></td> </tr> </table>	<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> BLACK	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> VIETNAMESE/LAOTIAN/CAMBODIAN		<input type="checkbox"/> OTHER ASIAN OR PACIFIC ISLANDER	<input type="checkbox"/> OTHER _____	
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**NORTHWEST KIDNEY CENTERS SCHOLARSHIP APPLICATION
SOCIAL WORKER OR SCHOOL COUNSELOR STATEMENT**

HOW LONG HAVE YOU KNOWN THIS PATIENT/STUDENT?

HAS HE/SHE DISCUSSED THIS EDUCATIONAL GOAL WITH YOU?

DO YOU BELIEVE THE APPLICANT IS MOTIVATED TO FOLLOW THROUGH WITH 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 / SCHOOL COUNSELOR 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 THEIR ABILITY TO ACCOMPLISH HIS/HER EDUCATIONAL GOALS?

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

HOW DO YOU BELIEVE THE APPLICANT'S PHYSICAL/MEDICAL STATUS WILL IMPACT THEIR ABILITY TO WORK IN THE FIELD THEY HOPE 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