

Culpepper Exum Scholarship for People with Kidney Disease

The NKF is proud to offer the **2023 Culpepper Exum Scholarship**, an opportunity designed to help a deserving dialysis or kidney transplant patient achieve their goals and complete their post-secondary education goals. Financial support of up to \$1,000 per year will be provided to up to two Kansas or Missouri residents who show merit, a commitment to pursuing their goal and demonstrates financial need. This award is renewable for a maximum of 2 years.

This scholarship was created in 2002 by nephrology social worker, Beth Witten, in memory of her brother who had diabetes and was on dialysis prior to his death from heart disease in 2002. It is intended to help dialysis and transplant patients attend any in-person or online school or job training program. Up to \$1,000 will be awarded per state (MO and KS) once annually.

Please take the time to carefully review the **Application Guidelines and Instructions below** before completing the enclosed forms. To be considered for this award, all application guidelines must be met in full. The selected recipient will be notified in June 2023.

Applications are due to the National Kidney Foundation serving Western Missouri, Kansas and Oklahoma no later than May 5, 2023. Scholarship recipients will be selected after an appointed committee reviews each completed application and may interview finalists either via phone, video chat or in person, as circumstances allow.

CULPEPPER EXUM SCHOLARSHIP APPLICATION GUIDELINES:

- The Culpepper Exum Scholarship of up to \$1,000 per year to up to one Missouri and one Kansas resident will be granted based on merit, a well written and workable goal, commitment to pursuing their plan and financial need.
- Applicants must have kidney disease and be a dialysis or transplant patient.
- Applicants must be graduating from high school by the end of this school year or must have already graduated from high school or completed their GED.
- Please complete the application fully. If you cannot answer any question, write “Not Applicable” and explain your answer. If needed, use a separate page. Consider your answers carefully and write or type them clearly and neatly.

Guidelines Continued on Page 2

Page 1

Name of Applicant: _____

Guidelines Continued

- The Awardee will be eligible to reapply for the scholarship for up to 1 additional year. **Each year, a letter of intent to renew must be submitted to the Culpepper Exum Scholarship selection committee, along with an academic year-end report and a school transcript.**

- If, at any point during your academic studies, any of your contact information changes (including transfer to a new academic institution) OR you take a leave of absence, you must notify the NKF immediately **IN WRITING**.

- **Checks will only be made payable directly to the institution you are attending and will never be made payable to you.**
- The entire application, including letters of recommendation, must be received in order to be considered. On the last page, we have provided a Checklist of all items you will need to complete and return.
- This application must be received by the NKF, by mail, no later than **Friday, May 5, 2023**.

***Note:** All award recipients will be required to allow the National Kidney Foundation to mention their name, institution/program/course, and testimonial and to include photos in communications surrounding the awards, including on the NKF website and social media platforms. Nominees are also asked to participate in NKF programs where possible, though this is not a requirement of receiving the scholarship award.*

MAIL COMPLETED APPLICATION (ALL INCLUSIONS TOGETHER IN ONE PACKET)

Applications must be received by mail no later than **May 5, 2023**.
Scholarship recipients will be notified in June 2023.

MAIL TO:

National Kidney Foundation serving Western Missouri, Kansas and Oklahoma
ATTN: Scholarship Program
6405 Metcalf Avenue, Suite 204
Overland Park, KS 66202

Page 2

Name of Applicant: _____



CULPEPPER EXUM SCHOLARSHIP APPLICATION PROCESS / INSTRUCTIONS:

Applicants are required to submit all the following:

1. The completed application (Pages 4, 5 and 6, if applicable page 7)
2. **Three** letters of recommendation from any of the following options:
 - Any non-relative
 - Current / former co-worker, supervisor or employer (paid or volunteer position)
 - Current / former teacher
 - Dialysis or transplant professional (someone on your health care team)
3. A copy of your high school, college or trade school transcript **if completed within the last 3 years**
 - OR if 4+ years since completed, include a statement describing your past educational performance
4. The *Educational Institution Form* completed by an official at the high school, college or trade school of your transcript.
5. A Photo (to be submitted for communications upon award acceptance surrounding the award).
6. Proof of acceptance by intended in-person or online post-secondary school or job training program.
7. A tuition bill or verifiable information on cost of tuition, a more detailed invoice of tuition may be requested upon award acceptance
8. Applicants must demonstrate financial need. Please submit the accompanying Financial Disclosure. Applicants who are under 18 years of age OR who live with (and/or are supported by) their parents will be required to document their parents' financial status.

**Incomplete applications will not be considered.*

Please have the **applicant** call with any questions at 913.262.1551 ext. 473
or email JoAnna.Rogers@kidney.org.

Name of Applicant: _____

CULPEPPER EXUM SCHOLARSHIP APPLICATION**Please Print Clearly or Type**

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone: Days: (____) _____ Nights: (____) _____ Cell: (____) _____

Date of Birth: _____ Marital Status: _____ # of Dependents: _____

Current Treatment: In-center HD Home HD CAPD CCPD Living donor transplant Deceased donor transplant

Prior Treatments(s) for Kidney Failure: _____

Current Dialysis Clinic or Transplant Program: _____

Kidney Doctor: _____ Social Worker: _____

Scholarship Requested for (please check one of the following): Degree program Job training (new job) Certification (new/current job) Continuing education (to get/keep job) Other, please specify _____

The information in this application is accurate and complete to the best of my knowledge. The NKF Serving Western Missouri, Kansas & Oklahoma may verify the information in this application with my healthcare provider and/or any federal or state agency from which I receive assistance.

Signature _____

Date ____/____/____

Name of Applicant: _____

FINANCIAL DISCLOSURE

If the applicant is a dependent with no income or expenses, complete this section for Family.

CHECK ONE Individual Family Financial Disclosure

Assets		Monthly Expenses	
House assessed value	\$	Rent / Mortgage	\$
Checking	\$	Food	\$
Savings	\$	Household utilities	\$
Retirement / IRA	\$	Cell phone	\$
Other _____	\$	Car payment / Taxi / Gas	\$
Monthly Income		Medical bills	\$
Take home pay	\$	Medications (patient / family)	\$
Alimony / child support	\$	Health insurance premium	\$
Welfare	\$	Life insurance premium	\$
Disability payments	\$	Disability insurance premium	\$
Retirement payments	\$	Loan payments (other than car)	\$
Veteran's benefits	\$	Credit cards	\$
Other _____	\$	Other _____	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

Incomplete applications will not be considered. Enter "N/A" if a question is not applicable.

STATEMENT OF FINANCIAL NEED

*Please provide additional details regarding financial need here, if desired – **not required.***

Name of Applicant: _____

✓ **Essay 1 –**

ABOUT YOU! Please tell us about yourself.

Example Prompts: What is your background? What are your extracurricular activities, hobbies, and personal interests? You can describe any circumstances or personal experiences that may set you apart from other applicants. Briefly tell us about your illness and how kidney disease has impacted your life and/or goals. **Essay should contain 100-300 words.**

Name of Applicant: _____

✓ **Essay 2 –
GOALS AND PLAN!**

Briefly describe your educational plans and goals, including the program where you want to use the scholarship, and how getting this scholarship will help you achieve your goals. If needed, use additional pages. **Essay should contain 100-300 words.**

Name of Applicant: _____



EDUCATIONAL INSTITUTION FORM

Required only if attended or graduated within the last 3 years.

Instructions:

Any official at the institution (of your transcript) can complete this form.

Applicant's Name: _____

Applicant's Address: _____

I give my permission for you to provide the information requested below to the National Kidney Foundation Serving Western Missouri, Kansas & Oklahoma.

Signature _____ Date ____/____/____

Class rank: _____ in a class of _____ students

Cumulative grade point average: _____ on a _____ point scale

Graduated: Yes No Dates attended: _____ Date graduated: _____

Test scores:

ACT Verbal: _____ Math: _____ Composite: _____

SAT/PSAT Reading: _____ Math: _____ Writing: _____ Total _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Institution: _____

Phone: _____ Email: _____

Name of Applicant: _____

CHECKLIST

Please return this form along with your completed application

MAIL TO:

National Kidney Foundation serving Western Missouri, Kansas and Oklahoma
ATTN: Scholarship Program
6405 Metcalf Avenue, Suite 204, Overland Park, KS 66202

Must be received by May 5, 2023. Incomplete applications will NOT be considered.

1. _____ The completed application forms
2. _____ Your two (2) essays (100-300 words each)
3. _____ 3 letters of recommendation
4. _____ Proof of acceptance by intended in-person or online post-secondary school or job training program
5. _____ Copy of tuition bill or verifiable information on cost of tuition
6. _____ Photo of applicant (for use in recipient announcement, not submitted to selection committee)
7. _____ Entire application, returned to NKF **BY MAIL** by **Friday, May 5, 2023**
8. _____ ***Please keep a copy of your completed application for your own records.***

****Please have the applicant call with any questions at 913.262.1551 ext. 473
or email JoAnna.Rogers@kidney.org.**

Thank you for your submission!

Name of Applicant: _____