

**APPLICATION FORM**  
**THE PETER AND BRUCE BIDSTRIP SCHOLARSHIP FUND**  
**ARIZONA KIDNEY FOUNDATION**

(Please Check) THIS APPLICATION IS FOR \_\_\_ **NEW** or \_\_\_ **CONTINUING** SCHOLARSHIP ASSISTANCE

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

PRESENT EMPLOYER (if applicable): \_\_\_\_\_

CURRENT TREATMENT STATUS: \_\_\_\_\_ DIALYSIS \_\_\_\_\_ TRANSPLANT

NAME OF PHYSICIAN: \_\_\_\_\_

NAME OF DIALYSIS FACILITY (if applicable): \_\_\_\_\_

NAME OF SOCIAL WORKER: \_\_\_\_\_

MARITAL STATUS:      Single      \_\_\_\_\_      Married      \_\_\_\_\_

CHILDREN:              Number      \_\_\_\_\_      Age      \_\_\_\_\_

EDUCATIONAL LEVEL COMPLETED: \_\_\_\_\_

CAREER OBJECTIVE: \_\_\_\_\_

ANTICIPATED ACADEMIC MAJOR: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

SEMESTER FOR WHICH ASSISTANCE IS SOUGHT: \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_

LIST OF ANTICIPATED CLASSES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT OF FINANCIAL ASSISTANCE REQUESTED:

TUITION: \_\_\_\_\_

BOOKS/SUPPLIES: \_\_\_\_\_

OTHER (describe): \_\_\_\_\_

TOTAL AMOUNT REQUESTED: \_\_\_\_\_

DATE FUNDS ARE NEEDED: \_\_\_\_\_

DO YOU QUALIFY FOR VOCATIONAL REHABILITATION ASSISTANCE? \_\_\_\_\_ YES

\_\_\_\_\_ NO \_\_\_\_\_ (NOT SURE)

IF YES, WHAT TYPE OF ASSISTANCE ARE YOU NOW RECEIVING? \_\_\_\_\_

REASON YOU BELIEVE FINANCIAL ASSISTANCE SHOULD BE GRANTED: \_\_\_\_\_

FOR A SCHOLARSHIP INTERVIEW, I WOULD BE AVAILABLE ON

(Day) \_\_\_\_\_ (Date) \_\_\_\_\_, \_\_\_\_\_ AM \_\_\_\_\_ PM

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Scholarships are awarded as funds become available and must be applied for on a semester-by-semester basis. If this is an application for continued assistance, please provide information regarding the completion or status of classes for which you have received aid and attach sheet to this application form.

RETURN TO: SCHOLARSHIP FUND  
ARIZONA KIDNEY FOUNDATION  
4203 E. INDIAN SCHOOL ROAD, SUITE 140  
PHOENIX, ARIZONA 85018

PHONE: (602) 840-1644  
FAX: (602) 840-2360