



Shane Leone Memorial Scholarship

The Shane Leone Memorial Scholarship provides financial assistance to students in New York State affected by kidney disease or related conditions seeking higher education. Scholarship preference is given to graduating high school seniors but consideration will also be given to existing college students.

Eligibility Criteria

To be considered for this scholarship, you must:

1. Be a resident of New York State
2. Be an upcoming high school graduate accepted in to an approved, accredited two or four year institution
3. Be an existing student in good academic standing at an accredited two or four year institution
4. Be affected by kidney disease or a related condition
5. Have a demonstrated financial need
6. Have a cumulative GPA of 3.0 or higher

Selection Process

The scholarship committee will consider the following criteria in making their selection:

1. Academic achievement
2. Financial need
3. Letters of recommendation
4. Statement of educational goals and career objectives

Deadline to Apply

Applications must be received by April 15, 2019.

Notification of Awards

Award letters will be mailed by May 15, 2019.

Number of Awards

Varies – based on availability of funds.

Amount of Awards

Varies – based on availability of funds

Payment of Award

Payment of the award will be directed to the student's academic institution unless extenuating circumstances exist and can be documented. Payment will be made in no more than two disbursements.

Scholarship Duration

The Shane Leone Memorial Scholarship is a renewable scholarship for a maximum of four years, but students must submit a new application each year to be considered. Funding in one year does not guarantee funding in subsequent years. To maintain eligibility, you must maintain a GPA of 3.0 or higher.

Revocation of Scholarship

This scholarship may be revoked by the Northeast Kidney Foundation's Board of Directors for any of the following reasons:

1. Students placed on academic probation by the college may be retained on scholarship for one term (semester or quarter). If at the end of this term, they are not removed from probation by the college or university, the scholarship and future payments are automatically revoked.
2. Students suspended from the college for academic or other reasons will have their scholarship automatically revoked, effective the date of suspension even though they may be re-admitted by the college.
3. Any misconduct which would bring discredit to the image of the scholarship, the Northeast Kidney Foundation and the Leone Scholarship Fund.

How to Apply

Application and required documents should be mailed to:

Shane Leone Memorial Scholarship Fund
c/o Northeast Kidney Foundation
22 Colvin Avenue
Albany, NY 12206
Phone: (800) 999-9697 ext 2 Fax: 518-458-9690
info@healthykidneys.org



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Name: _____

Address: _____

Phone: _____ Email: _____

Are you a graduating high school senior? (yes or no) _____

Name of high school: _____ Location: _____

Date of expected graduation: _____

Approximate GPA: _____ SAT Scores (verbal) _____ (math) _____ ACT Score _____

National Honor Society? _____

Other Awards or Academic Recognition: _____

Community Service Activities: _____

College you will attend next year: _____

Location: _____ Major: _____

Current college students only:

What college do you currently attend: _____

Are you an undergraduate or graduate student? _____

What is your accumulated GPA? _____

Campus Activities/Community Service: _____

Academic Recognitions: _____

Financial disclosure:

I intend to work while in school (yes or no) _____

How many hours per week? _____

I plan to have a vehicle while in college (yes or no) _____

Please indicate monthly vehicle expense: _____

Amount of personal cash or savings: _____

My parents will assist me financially while attending college? (yes or no)

My parents are _____ married _____ divorced _____ separated

Number of dependent children living at home: _____ Ages: _____

How many will attend college next year? _____

Total parental income: _____

Please provide a schedule of all household expenses, including any academic expenses for yourself and other dependents:

Rent/Mortgage _____

Vehicle Payments: _____

Insurance (home, health, vehicle): _____

Property Taxes: _____

Credit Cards: _____

Food: _____

Gas (for vehicles): _____

Other: (please detail): _____

What are your college expenses:

Registration/Tuition/Other Fees: _____

Room and Board: _____

Books, Supplies: _____

Other Expenses: _____
(please detail)

Other forms of financial assistance you will be receiving (please detail):

I attest that the information contained herein is accurate.

Signature

Date

Please submit this application along with:

- High school or college transcripts listing your cumulative GPA
- Three letters of recommendation from teachers, employers, guidance counselors, etc.
- A copy of your parents' previous year income taxes if your parents are providing financial support
- If your parents are not providing financial support, a copy of your own income taxes if applicable
- An essay outlining your educational goals, career objectives, and your connection to kidney disease or a related condition. Essay must be type written and be no more than 500 words in length.
- A photo

Return to:

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