



## 2018 PAUL SILVER ENRICHMENT AWARD

### Application Guidelines:

Applicants are required to submit an essay answering the following questions:

- How has Alport Syndrome impacted your life?
- What are your extracurricular activities, hobbies and/or special interests?
- What is the reason you wish to receive the award?
- How will the award be used?
- How will receipt of the award enhance your life/education?

The essay should be typed, double-spaced and no longer than 3 pages. It should be well-organized and state the applicant's point of view clearly.

*Note: Should a recipient not be able to use the award for the stated purpose they must contact ASF to discuss the issue, before deciding to use the monies for an alternate purpose.*

The following materials should be submitted with the essay:

- Application form
- A photograph
- A letter of recommendation on official letterhead from a nephrology professional caring for the applicant who can discuss applicant's strengths, admirable qualities, and personal challenges and verify they are an Alport Syndrome patient.
- A letter of recommendation on official letterhead from a teacher or administrator from applicant's current academic institution who can discuss their strengths, admirable qualities, and challenges they have faced.

Winners must agree to allow ASF to mention their name, give a testimonial and/or photograph in communications surrounding the award (including the website), and be willing to participate, where possible, in promotion of this award.

Within 6 months after receipt of the award, the Winner will be asked to provide a report to ASF describing the impact the award had, which may include:

- How receipt of the award enhanced their life/education?
- How receipt of the award enabled them to develop an interest or meet a goal that enhanced their life/education?

*Note: Applicants are encouraged to use photos, videos and other supporting materials to demonstrate the impact of the award.*

For information on the previous awardees, please go to [www.alportsyndrome.org](http://www.alportsyndrome.org).



## Paul Silver Tribute Award Application Applicant Form

### Personal Data:

Name:			
Address:			
City, State, ZIP:			
Phone:			
Age:		E-mail:	

### Educational Data:

Current School:			
School Address:			
City, State, Zip			
Grade:			

### Signature:

I guarantee the accuracy and truth of this application and agree that the information in this application may be verified. I also agree to the use of my photograph and essay for promotional purposes.

Applicant's Signature:		Date:	
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If applicant is under 18 years of age, please provide parent signature.

Parent Name:			
Parent Signature:		Date:	

Submit this completed form with the applicant essay, photo, healthcare recommendation and educator recommendation.



## Paul Silver Tribute Award Application

### Nephrology Healthcare Professional Recommendation

Applicant Data:

Name:			
Address:			
City, State, ZIP:			
Phone:			

Healthcare Professional Data:

Name of Doctor or Social Worker:			
Address:			
City, State, ZIP:			
Phone:		Fax:	
E-mail:			

Please attach a letter of recommendation on your letterhead verifying that the above applicant is an Alport Syndrome patient and discussing the applicant's strengths, admirable qualities, and challenges they have faced.



## Paul Silver Tribute Award Application

### Educator/Administrator Recommendation

Applicant Data:

Name:			
Address:			
City, State, ZIP:			
Phone:			

Educator or Administrator Data:

Name of Teacher or Administrator:			
Name of School:			
Address:			
City, State, ZIP:			
Phone:		Fax:	
E-mail:			

Please attach a letter of recommendation on your letterhead discussing the applicant's strengths, admirable qualities, and challenges they have faced.