



## 2024 PAUL SILVER ENRICHMENT AWARD

Alport Syndrome Foundation (ASF) is proud to offer the 12<sup>th</sup> annual Paul Silver Enrichment Award. Paul was a Hollywood film and music editor before he passed away in 2004 at the age of 38. While studying filmmaking at Pennsylvania State University in 1985, Paul needed a camera to document his trip to Tuscany, Italy, where he planned to attend a summer study program. He applied for, and won, the Anthony Maimone Memorial Award, which made it possible for him to make a documentary film for the University about his experiences in Italy and the benefits of the program. Created in his memory by his family, the purpose of the Paul Silver Enrichment Award is to “pay it forward” to help other young people affected by Alport syndrome achieve one of their own goals. The award can be used to complete a project or pursue an activity that will enhance the applicant’s life.

**ELIGIBILITY:** Open to individuals in the United States ages 18-24 with an Alport syndrome diagnosis. *Note: Prior Paul Silver Enrichment Award recipients cannot reapply.*

**AWARD:** Individual awards up to \$3,000 will be offered by the Selection Committee to the applicant(s) who best meet the evaluation criteria.

**EVALUATION:** Applicants will be evaluated on the purpose and potential impact of the award, the extent to which the award supports the stated goal, the quality of the essay, recommendation letter, and completeness of the submission.

**DEADLINE:** Applications will be accepted between Monday, August 5, 2024 and Friday, October 25, 2024 at 5:00pm local time. No late submissions will be considered.

**NOTIFICATION:** The Winner(s) will be notified by Friday, November 22, 2024.

**QUESTIONS?** Email [info@alportsyndrome.org](mailto:info@alportsyndrome.org)

[CLICK HERE FOR INFO ON PAST AWARD WINNERS](#)

**HOW TO APPLY:** Applicants should review the guidelines and requirements carefully before completing the enclosed forms. To be considered, all guidelines must be met in full. All application materials can either be e-mailed to [info@alportsyndrome.org](mailto:info@alportsyndrome.org) or mailed to the address below post-marked by 10/25/24:

Alport Syndrome Foundation  
Attn: Paul Silver Enrichment Award Committee  
PO BOX 4130  
Scottsdale, AZ 85261-4130



## **GUIDELINES AND REQUIREMENTS:**

**ESSAY:** 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 2 pages. Additionally, it should be well-organized and state the applicant's point of view clearly.

**SUPPORTING DOCUMENTS:** In addition to the essay, applicants are required to submit:

- Contact forms for the applicant, healthcare professional, and non-parent/caregiver adult (see attached).
- A brief 1-2-minute video (cell phone or home computer recording is OK) in which the applicant notes their first name, city/state of residence, and an achievement/life milestone they are most proud of.
- A digital headshot (a professional photo or personal photo of applicant).
- An email from the applicant's healthcare provider/clinic to [info@alportysndrome.org](mailto:info@alportysndrome.org) indicating the applicant is currently receiving care as an Alport syndrome patient.
- A letter of recommendation from an adult that is not the applicant's parent/caregiver/family member. Examples include a teacher, school administrator or counselor, employer, coach, intern or volunteer supervisor, etc. The letter of recommendation should discuss the applicant's strengths, admirable qualities, and any challenges the applicant has overcome or is currently facing. Note: This can be attached/sent by email to [info@alportysndrome.org](mailto:info@alportysndrome.org).
- **Note:** Applicants may choose to include supplemental photos, videos, and/or other supporting materials with their application to demonstrate the potential impact of the award.

**REQUIREMENTS:** Winners must agree to allow ASF to publicly share news of their award (name and photo) in ASF communications i.e., website, social media.

Within 8 months after receipt of the award, the recipient is required to provide a brief written report and a short self-made video to ASF explaining how the award enhanced their life/education and, if applicable, how the award enabled them to develop an interest or meet a goal that enhanced their life/education. Video submissions will be used to inspire and encourage applications for the following year's application cycle.

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



## 2024 Paul Silver Enrichment Award Applicant Form

### **Contact Info:**

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

### **Education:**

Current High School/College, University (or institution from which you most recently graduated)			
School Street Address:			
City, State, Zip			
Current Grade/Year or year graduated:			

### **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:	
If applicant is under 18 years of age, please provide a parent or guardian's signature.			
Parent/Guardian Name:			
Parent/Guardian Signature:		Date:	

**Submit this completed form with all other required documentation outlined on the Guidelines and Requirements page.**



## 2024 Paul Silver Enrichment Award

### Healthcare Professional Contact Form

**Award Applicant/ Alport Syndrome Patient Name and Contact Info:**

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

**Healthcare Professional Contact Info:**

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

This form can be completed by the applicant and e-mailed to ASF:  
[info@alportsyndrome.org](mailto:info@alportsyndrome.org).

***As a reminder, a healthcare provider/clinic staff member must separately email [info@alportsyndrome.org](mailto:info@alportsyndrome.org) indicating the applicant is currently receiving care as an Alport syndrome patient.***



## 2024 Paul Silver Enrichment Award

### Recommendation Form

***Note: The following form and separate letter of recommendation must be completed by an adult that is not a parent/caregiver/family member of the applicant.***

#### **Award Applicant Contact Info:**

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

#### **Recommendation from:**

Name:			
Relationship to Applicant:			
Address:			
City, State, ZIP:			
Phone:		Fax:	
E-mail:			

**Please provide a letter of recommendation discussing the applicant's relationship to you, as well as their strengths, admirable qualities, and challenges they have overcome or are currently facing. Note: Your recommendation letter can be in the form of an email. Emails should be directed to [info@alportsyndrome.org](mailto:info@alportsyndrome.org).**