



AAKP National Patient Meeting
Scholarship Application

AAKP is pleased to offer a limited number of scholarships to patients and care-partners who wish to attend AAKP 50th Annual National Patient Meeting, October 3-5, 2025, in Fort Worth, TX, at the Doubletree by Hilton.

In respect of these individuals, AAKP encourages only those who truly need financial assistance to attend the meeting submit a Scholarship Application. Applicants' privacy and submitted information will remain confidential to AAKP. Only completed applications will be considered. Due to the limited number of scholarships available, not all submissions will result in a scholarship. Scholarship funds cover ONLY the cost of the AAKP Meeting Registration. All additional expenses such as travel and lodging must be covered by the attendee.

To be considered for a scholarship, applicants must be a current AAKP member (membership is free for patient/family members – join now online at www.aakp.org/join). Deadline to submit a scholarship application is September 30, 2025, or while funds are available.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

1. What best describes your employment status?

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Self-Employed
- ☐ Not employed, but looking for work
- ☐ Not employed
- ☐ Retired
- ☐ Student
- ☐ Military
- ☐ Caretaker/Homemaker
- ☐ Other (please specify): _____

2. Please let us know if you are a:

- ☐ Patient
☐ Care partner

3. If you are a patient, please indicate what type of patient you are:

- ☐ Pre-dialysis (CKD Stage 1-4, not on dialysis)
☐ In-center hemodialysis
☐ Home hemodialysis
☐ Peritoneal dialysis
☐ Kidney transplant recipient
☐ Other (please specify): _____

4. How did you hear about the AAKP National Patient Meeting?

- ☐ Mailing sent to your home
☐ A friend or family member
☐ Dialysis unit
☐ Doctor's office
☐ AAKP website
☐ AAKP electronic announcement (email, e-newsletter, Facebook, Twitter)
☐ Other (please specify): _____

6. Have you ever attended an AAKP National Patient Meeting?

- ☐ Yes, what year: _____
☐ No

7. Have you ever received a Scholarship to attend an AAKP National Patient Meeting?

- ☐ Yes, what year _____
☐ No

8. If you were referred for this scholarship by an AAKP partner organization, please include the organization's name below so AAKP can recognize their support.

Return Completed Applications to:

American Association of Kidney Patients
Attn: Valerie Gonzalez, Director of Office Operations
14422 Bruce B. Downs Blvd., Tampa, FL 33613

Website: www.aakp.org * Email: vgonzalez@aaqp.org * Toll-Free (800) 749-2257