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U. S. Department of Health and Human Services

Public Health Service
Health Resources and Services Administration
Bureau of Health Professions
Division of National Health Service Corps

FORM APPROVED:
OMB No. 0195-0146
Expiration Date

Click [here](#) to see the Public Burden Statement.

**APPLICATION FOR NATIONAL HEALTH SERVICE CORPS (NHSC)
SCHOLARSHIP PROGRAM**

The following is the online version of the 2007-2008 National Health Service Corps (NHSC) Scholarship Program Application form. Please click on Section A: General Information and complete all requested information. Once you have completed this section in its entirety, you will be asked to save your information before moving on to the next section. The system will prevent you from accessing the next section until you have completed prior section. Once you have completed all sections, you will have the opportunity to review your selections and print the complete form prior to final submission. After carefully reviewing the Application Form, you should submit the form by clicking the "SUBMIT" button on Section G.

Please note: You will not be able to review the screens or form once it has been submitted.

All required information must be completed for each section. Please see the Application Information Bulletin for further information and instructions where noted.

Please note: This online form is only one part of the complete NHSC Scholarship Program Application. In order for your application to be processed, you will also need to provide the forms and supporting documentation outlined in the [Applicant Information Bulletin](#) (see page 17 for a summary of the required documents). The following is the online version of the 2007-2008 National Health Service Corps. The application deadline is March 30, 2007. Additional forms and supporting documentation should be mailed to: National Health Service Corps Scholarship Program, c/o Discovery Logic, 1375 Piccard Drive, Suite 360, Rockville, MD 20850

For assistance, please call the NHSC Scholarship Program Help Desk at 1-800-638-0824.

FORM	STATUS	
	COMPLETED DATE	LAST UPDATED DATE
Section A: General Information	2/7/2007 8:28 AM	2/7/2007 8:28 AM
Section B: Degree Information	2/7/2007 8:29 AM	2/7/2007 8:29 AM
Section C: Background Information	2/7/2007 8:29 AM	2/7/2007 10:21 AM
Section D: Career Goals	2/7/2007 10:19 AM	2/7/2007 10:19 AM
Section E: Personal Preferences	Not Started	
Section F: Activities Inventory	Not Started	
Section G: Certification & Application Submission	Not Submitted	

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PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0146. Public reporting burden for this collection of information is estimated to average 1 hour per respondent for the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

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SECTION A: GENERAL

All fields marked with * are required.

1. * Professional Health Discipline	Discipline: <input type="text"/>
2. Your Full Name:	
* Last Name:	<input type="text"/>
* First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Title:	<input type="text"/>
Suffix:	<input type="text"/>
3. Address:	
* Street Address:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text"/>
* Zip Code:	<input type="text"/>
4. * E-mail Address:	<input type="text"/>
5. Social Security Number: (See Privacy Act Statement in the Applicant Information Bulletin .)	<input type="text"/> - <input type="text"/> - <input type="text"/>
6. Telephone Numbers	
a. Home:	<input type="text"/> - <input type="text"/> - <input type="text"/>
b. * Daytime:	<input type="text"/> - <input type="text"/> - <input type="text"/>

7. Proof of Citizenship:

(You must answer a, b and c below. If you were born outside of the United States, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa or Swains Island, documentary proof of U.S. citizenship or U.S. national status must be submitted with the application. This may consist of a copy of your birth certificate that states your U.S. citizenship, the ID page of your U.S. passport, or a certificate of citizenship or naturalization.)

a. * Are you a citizen or national of the United States?

Yes No

b. Place of birth

* City:

State:

Country, if not U.S.A.

c. * Indicate the Month, Day and Year of Birth

8. * Have you ever been dismissed, placed on probation, suspended or have you withdrawn from a health professions school for academic or disciplinary reasons?

Yes No

If yes, please submit verification of acceptance or good standing from your current health professions school or program for the 2007-2008 school year.

9. a. * Do you have a judgment lien against your property?

(Applicants who have a court judgment entered against them for a debt owed to the United States which creates a lien against their property are precluded from receiving Federal funds (including NHSC scholarship awards), until the judgment lien has been paid in full or otherwise satisfied.)

Yes No

b. * Are you delinquent on any federal debt?

(Applicants who have a delinquent Federal Debt will not be selected for scholarship awards regardless of circumstances.)

Yes No

10. * Do you have an existing service obligation?

(Students already obligated to a State or other entity for professional practice after academic training should not apply for NHSC scholarship awards unless the obligated entity states in writing that there is no potential conflict on the part of the applicant to fulfill the service commitment to the NHSC Scholarship Program, and that the NHSC Scholarship Program service commitment will be served first.)

Yes No

11 a. * Have you ever received Federal support under the Scholarship Program for First-Year Students of Exceptional Financial Need (EFN)?

(See [Applicant Information Bulletin](#).)

Yes No

If yes, please provide documentation from your school with your application.

b. * Has your school certified you as having a disadvantaged background?
(See [Applicant Information Bulletin](#).)

Yes No

If yes, please provide documentation from your school with your application.

12. Emergency Contact Information: Enter Name, Permanent Address and Telephone Number of the person through whom you can always be contacted. (e.g. parents, relatives, etc.)

* Last Name:

* First Name:

Middle Initial:

* Street Address:

* City:

* State: ▼

* Zip Code:

* Phone Number: - -

Save & Continue

You will be automatically logged off the session due to system security controls, if you do not continue to the next section within a 30 minute time period. You will need to successfully (without any errors) click the SAVE & CONTINUE button in order to continue to the next section of the online form.

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SECTION B - DEGREE PROGRAM

Your answers to this section should pertain only to the degree or certificate program for which you are applying for a NHSC Scholarship.

All fields marked with * are required.

1. * **Will you be enrolled as a full-time student during the 2007-2008 school year?**
(Only full-time students are eligible for awards.)

Yes No

2. * **What degree or certification will you receive upon completion of your school/program?**

If combined, please specify your degree or certification:

3. * **Select the name of the Health Professions School in which you are enrolled or accepted for enrollment.**

If your school name is not present in this list, please enter the name, city and state below:

School Name:

City:

State:

4. * **Indicate the month and year you first entered or will enter the degree or certificate program for which you are requesting funding.**
(Do not include pre-requisite training.)

Month: Year:

5. * **Indicate your expected date of graduation from the degree or certification program for which you are requesting funding.**

Month: Year:

6. * **What is the TOTAL LENGTH, in years, of the degree or certificate program in which you are or will be enrolled?**

Years

7. * In what year of your degree or certificate program will you be enrolled during the 2007-2008 school year?

Year

8. Indicate the category of your tuition and fees for the current school year?

Save & Continue

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SECTION C: BACKGROUND

All fields marked with * are required.

1. Individual and Family Background

(This section is for research purposes only and will not be scored. Completion of these questions is voluntary.)

- a. Indicate your gender. Male Female
- b. Indicate your ethnicity. Hispanic or Latino Not Hispanic or Latino
- c. Indicate your race. (Select one or more)
- American Indian or Alaskan Native Black or African American
 Native Hawaiian or Other Pacific Islander White
 Asian

2. Educational Background

- a. Enter the name and location of the institution from which you received or will receive your undergraduate degree. (Complete only if different from institution listed in Section B. Question 3a and b.)

Name of the Institution?

City

State

- b. * Degree and year received
- c. * Indicate the area of your undergraduate college major
- If other, please specify your undergraduate major:

3. Community Background

List in chronological order, the location and size of all communities you lived in from birth through age 18, and the number of years in each. If the community is contiguous with or entirely contained within a larger metropolitan area, the classification should be based on the size of the larger area. (i.e. Los Altos, California (a medium sized city) should be coded as part of the San Francisco Bay Area, a major metropolis. Chevy Chase, Maryland (a small city) should be coded as part of the Washington, DC area, a major metropolis.)

Round the number of years to the nearest whole number. If you lived in more than eight communities, omit the one(s) in which you spent the least time.

24

Location		
City	County	State / No. of Years / Community Code
a.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
e.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
f.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
g.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
h.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

4. Work Experience

- a. Have you ever received a degree or certificate in a health-related discipline other than the one you are now pursuing?
 Yes No
- b. If yes, did you work in this discipline for 3 years or more?
 Yes No
- c. Please name the discipline
- d. Have you ever been employed or had volunteer experience where the population could not access primary care services or where health care services could not be obtained within 30 minutes travel time from your place of employment?
 Yes No
- e. Have you ever been employed or had volunteer experience where at least 50 percent of the employees, customers, or clients of your place of employment were of the following racial/ethnic groups: Blacks, Hispanics, American Indians or Alaskan Natives, Asian/Native Hawaiian or Pacific Islanders?
 Yes No

Save & Continue

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SECTION D: CAREER GOALS

All fields marked with * are required.

1. Future Plans

- * a. **Select the appropriate code for your future Specialty Interest.**

Specialty:

If other,
please
specify:

- b. **Indicate where you would prefer to serve during your period of service commitment in the NHSC.**

- A rural area that has a shortage of health personnel.
- An urban area in which patients lack access to health care.
- A facility or institution serving another underserved population (e.g. Indian Health Service, Bureau of Prisons, etc.)

- c. **Immediately after fulfilling your Scholarship service commitment, indicate if you intend to continue practicing your profession in a medically underserved or health professional shortage area (HPSA).**

- I plan to practice in a non-HPSA after I have fulfilled my service obligation.
- I am undecided as to whether I am going to continue practicing in a HPSA after I have fulfilled my service obligation.
- I plan to continue practicing in a HPSA for one to two years after I have fulfilled my service obligation.
- I plan to continue practicing in a HPSA for more than two years but less than five years after I have fulfilled my service obligation.
- I plan to continue practicing in a HPSA for five years or more after I have fulfilled my service obligation.

- d. **After you have completed your Scholarship service commitment, indicate the type of area where you plan to locate your long-term practice or other employment.**

- A rural area that has a shortage of health personnel.
- An urban area in which patients lack access to health care.
- A facility or institution serving another underserved population (e.g., Indian Health Services, Bureau of Prisons, etc.)
- Some other area not listed above.

- e. **After you have completed your service commitment, indicate in what size of community you would prefer to locate your long-term practice or other employment.**
- Countryside or small town (population less than 2,500)
 - Small city (2,500 to 20,000 population)
 - Medium-size city (20,000 to 50,000 including suburbs)
 - Large city (50,000 to 250,000 including suburbs)
 - Major metropolis (Over 250,000 including suburbs)
- f. **After you have completed your service commitment, indicate in what region of the U.S. you would prefer to locate your long-term practice or other employment.**
- Region I (CT, ME, MA, NH, RI, VT)
 - Region II (NY, NJ, PR, VI)
 - Region III (PA, WV, VA, DEL, MD, DC)
 - Region IV (KY, TN, NC, SC, GA, MS, AL, FL)
 - Region V (MN, IL, WI, IN, OH, MI)
 - Region VI (NM, TX, OK, AR, LA)
 - Region VII (NE, KS, IA, MO)
 - Region VIII (MT, WY, ND, SD, CO, UT)
 - Region IX (AZ, NV, AZ)
 - Region X (OR, ID, WA, AK)
- g. **Indicate your long term professional plans after fulfilling your Scholarship service commitment.**
- Full-time academic faculty
 - Other salaried research
 - Private/contract clinical practice - solo or partnership
 - Private/contract clinical practice - group
 - Private/contract clinical practice - undecided on organization of practice
 - Community clinic or urgent care center - clinical practice
 - HMO or managed care system - clinical practice
 - Hospital/emergency room - clinical practice
 - Country or other government program or facility
 - Private corporation (e.g. pharmaceutical or device manufacturer)
 - Public health practice (e.g., epidemiologist, health officer)
 - Administration - no practice (e.g., hospital/clinic administrator, state/federal agency executive, association/academic executive, business executive)

2. Community Practice Preferences

INSTRUCTIONS: Listed below are a number of items that suggest particular characteristics of communities where you might like to practice. Opposite each item is a scale on which to indicate how desirable/undesirable each particular characteristic is to you for a practice location. Indicate the desirability to you for each characteristic by selecting the number that best corresponds to your preference.

		<i>Strongly undesirable</i>	<i>Moderately undesirable</i>	<i>Neither undesirable nor desirable</i>	<i>Moderately desirable</i>	<i>Strongly desirable</i>
	A practice location that:					
1.	has the neighborliness of a small town.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	depends heavily on a public transportation system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	consists primarily of apartment buildings and multiple family dwellings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	has a predominantly middle class population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	is considered to be economically depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	has a varied and stimulating pace of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	provides a good deal of anonymity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	is composed of many differing lifestyles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	has a varied ethnic/race composition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	provides ready access to cultural/artistic activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	has many non-English speaking residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Health Care Practice Preferences

INSTRUCTIONS: Below is a list of items that suggest particular practice characteristics. Opposite each item is a scale on which to indicate how desirable/undesirable each particular characteristic is to you. Indicate the desirability to you of each characteristic by selecting the response that best corresponds to your preference.

A practice in which I would:		<i>Strongly undesirable</i>	<i>Moderately undesirable</i>	<i>Neither undesirable nor desirable</i>	<i>Moderately desirable</i>	<i>Strongly desirable</i>
1.	take care of many patients who are receiving public assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	be in a solo, partnership, or small group practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	deal with many patients who have less than a high school education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	spend the majority of my professional time doing research.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	be practicing in a rural area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	see only adult patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	take care of patients from minority racial or ethnic groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	provide specialized diagnostic and/or treatment services on a regular basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	see mostly the same patients over a long period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	take care of elderly patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	deal with the emotional aspects of physical illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	be practicing in a suburban area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	be practicing in a community characterized by poverty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	take care of patients with chronic, disabling diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	have ample opportunity for consultation with professional colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	spend most of my professional time in a hospital setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	be able to plan on settling down for a large portion of my professional career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	treat patients with only certain types of diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	be practicing in a community where other health care providers and services are readily available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	be employed by a large private clinic or hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	get to know patients on a personal basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	spend the majority of my professional time working directly with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23.	spend at least 25% of my professional time administering a practice or health care facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	be practicing in an area where a high proportion of the labor force is employed in agriculture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	utilize information on a patient's social and family environment in the management of health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	be practicing in an area where a high proportion of the labor force is employed in service or manufacturing occupations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	not have to improvise or do without the most modern equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	not have to work evenings and weekends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save & Continue

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SECTION E: PERSONAL PREFERENCES

For each item, select the corresponding statement that best reflects how you believe or feel. You may find that in some cases you agree with neither statement, whereas in other cases it is hard to choose between the statements. Nevertheless, select the statement that best reflects how you feel.

1. I would like to make a really important medical discovery.
 I would like to provide medical service to those in need.
2. I would like to be able to treat successfully the needs of patients with serious illnesses.
 I would like to be able to meet the needs of patients with every day clinical problems.
3. If I were in a school that I didn't like I would try hard to find one where I could be happier.
 If I were in a school that I didn't like I would tough it out and try hard to get a good education.
4. To get the most out of professional education one should study alone.
 To get the most out of professional education one should participate in group study sessions.
5. I would like a job working as a counselor.
 I would like a job working in a laboratory.
6. I would like to work in a community where the people and activities are different from those I grew up with.
 I would like to work in a community where the people and activities are similar to those I grew up with.
7. I think I can improve my ability to communicate.
 I am pretty confident of my ability to communicate.
8. Where there is a difference of opinion between health care providers and hospital administrators, the principles of the providers should not be relinquished to resolve the issue.
 Where there is a difference of opinion between health care providers and hospital administrators, both parties should be willing to relinquish some of their principles to resolve the issue.
9. I believe that the most important skill in the emergency room is the ability to make quick decisions.
 I believe that the most important requirement for functioning well in the emergency room is to be skilled in performing a wide variety of procedures.
10. I do my best work in an environment in which it is not necessary to meet deadlines.
 I work best in an environment in which deadlines frequently have to be met.
11. I believe that it is most rewarding to know patients well and care for them throughout their lives.
 I believe that it is most rewarding to treat serious medical problems successfully for a wide variety of patients.

12. If I were on a ten day camping trip, and the weather was miserable for the first three or four days, I would try to get the group to change their plans.
- If I were on a ten day camping trip, and the weather was miserable for the first three or four days, I would try to convince the group that we should continue the trip.
13. I enjoy participating in sports such as baseball, softball, volleyball, soccer, field hockey, basketball, or football.
- I enjoy participating in sports such as golf, tennis, gymnastics, figure skating, or swimming.
14. I would like to serve as class president.
- I would like to help someone become class president.
15. I believe that group rules contribute much to getting complex jobs completed efficiently.
- I believe that giving individuals the freedom to innovate facilitates the completion of complex jobs.
16. I like courses designed to enhance self-awareness, empathy, and sensitivity.
- I like courses designed to enhance my understanding of the scientific method and how to use objective data.
17. I like opportunities to make friends with individuals who have a variety of values and interests.
- I like to have my friends be individuals who share my values and interests.
18. I think it would be important for me to take the time to help negotiate conflicts that might arise between health care providers and clinical administrators over such things as productivity, schedules, salary, benefits, etc.
- I think when conflicts arise over such things as productivity, schedules, salary, benefits, etc., an external arbitrator should be engaged to resolve the issues so that health care providers do not waste their time.
19. I would like the challenge of working in an emergency room.
- I would like the challenge of working on an important research project.
20. I had to overcome a lot of obstacles, frustrations, and setbacks to get to this point in my life.
- By studying and working hard, I have avoided a lot of obstacles, frustrations, and setbacks so far in life.
21. I like jobs that are well defined, have a clear set of rules, and don't require quick decisions that might be questioned.
- I like jobs that allow a lot of freedom and often require quick decisions - some of which could be questioned.
22. Whenever I find myself in a conflict situation with others, I remain calm and don't react precipitously.
- Whenever I find myself in a conflict situation with others, I move quickly and forcefully to resolve the issue before it gets out of hand.
23. I believe that it is important to give precisely the same information to all individuals who have the same clinical condition.
- I believe that it is important to tailor information to the individual even when patients have the same diagnosis.
24. I think it is important to understand the behavioral and attitudinal differences among persons from varying racial, socio-economic, and geographical backgrounds.
- I think people are basically the same, and that there really aren't many behavioral and attitudinal differences among persons from varying racial, socio-economic, and geographical backgrounds.

25. I like to explore and understand the interpersonal nuances of situations.
 I like to evaluate situations by studying hard data.
26. I would rather watch competitive sports than play.
 I would rather play competitive sports than watch.
27. I prefer to live alone during my school years.
 I prefer to live with others during my school years.
28. I believe that funds spent on activities such as the Peace Corps are a good investment.
 I believe that funds spent on activities such as the Peace Corps could be used more effectively on scholarships for health professions education.
29. I believe that health care providers in underserved areas are confronted with a unique set of rewards and problems.
 I believe that health care needs in underserved areas will be met best when patients have easy access to a full range of specialists.
30. The best way to assure better health care in underserved areas is to improve the quality and supply of available medical equipment bring it up to the standards of metropolitan areas.
 The best way to assure better health care in underserved areas is for health care providers to overcome patient mistrust and provide a broad range of preventive and medical care.
31. Many important issues do not have clear-cut answers.
 If an issue is really important, it should have a clear-cut answer.
32. I hold to my views even in the face of strong opposition.
 I look for common ground to solve difficult issues.
33. I enjoy spending time with people who see things essentially as I do.
 I find it stimulating to interact with people whose perspectives are different from mine.
34. In a discussion where points of view differ, I think it is important to make my position clear.
 When someone expresses a point of view different from mine, I usually ask questions to try to understand his/her position.
35. I enjoy pulling together the ideas of others and shaping them into creative products.
 I enjoy developing creative ideas on my own.
36. The quality of health care in the future rests primarily on cooperative efforts among providers, government, business, and community organizations.
 The dedicated efforts of individual providers are the primary factors affecting the quality of health care in the future.
37. Health care needs in a community are best assessed through seeing individual patients in medical settings.
 Health care needs in a community are best assessed through involvement with local residents and leaders in their everyday settings.
38. When I am confronted with a complex problem, I prefer to try to solve it myself.
 I feel that being involved in a team effort to solve a complex problem is often more efficient than trying to solve it myself.

39. When my friends are "down in the dumps", the first thing I do is try to cheer them up by getting them to do some fun thing.
- When my friends are "down in the dumps, the first thing I do is listen and find out what is causing them to feel bad.

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SECTION F: ACTIVITIES INVENTORY ITEMS

Listed below are a number of items concerning things you do and the way you do them. Select the answer that best describes you.

		Not very well	Slightly	Fairly well	Quite well	Extremely well
1.	I am the leader in my group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	I am confident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	When I say I'll do something, I get it done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I can participate in outdoor activities for hours without getting tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I often lose my temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I like to do things on the spur of the moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I have held a lot of elected offices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Being around strangers makes me feel ill-at-ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	People consider me the quiet type.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	People seem to think I make new friends more quickly than most people do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I am a fast walker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I never hurt another person's feelings if I can avoid it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I can usually keep my wits about me even in difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	I'm troubled by people making fun of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	I usually act on the first plan that comes to mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	I'd give up my place on a team if that would insure that the team would win.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	People naturally follow my lead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	People seem to think my feelings are hurt too easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	I am usually at ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	I never volunteer for a tough job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.	I am full of pep and energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	I enjoy getting to know people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	People seem to think I get angry easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	People seem to think I am easily discouraged when criticized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I feel that I am impulsive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	People seem to think I lead a vigorous life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	People seem to think I have good self-control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	I am often self-conscious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	People seem to think I sometimes make decisions too quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	I lose interest in most projects before I get them done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	People seem to think they can count on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	I am active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	I go out of my way to be with friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	People consider me very tactful in dealing with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	I'd rather read a book than go to a party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36.	People consider me level-headed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	People consider me shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38.	I am impulsive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39.	People consider me persistent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40.	I am dependable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.	I am vigorous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42.	People say that I tend to be a "thinker" rather than a "doer."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43.	People consider me good-natured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44.	I am even-tempered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45.	I don't believe in rushing into things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46.	I am conscientious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47.	I am energetic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48.	People consider me sociable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49.	I am calm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50.	I am often worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51.	I am cautious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52.	I am persistent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53.	I am reliable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54.	I like to make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55.	I am friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56.	I am imaginative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57.	I am stable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58.	I am usually self-controlled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59.	When I have a problem, I make up my mind and don't worry about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60.	It takes me quite a while to come to a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SECTION G: CERTIFICATION & APPLICATION SUBMISSION

The check box marked with * is required.

Your Application Form is now ready to submit. Please complete the certification and then submit your Application Form.

You may review the Application Form before you submit it. [Click here](#) for a complete, printable version of the form for your records in Portable Document Format (PDF). Please save this PDF document to your computer and/or print the PDF document. Please submit a printed copy of this application form along with your final application package. If you do not have a PDF viewer installed, please [click here](#) to download a free PDF viewer.

By clicking this checkbox, you agree that you have read and understand the statement below.

- * I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded a Scholarship, that I am liable for repayment of all awarded funds and further, that any false statement herein may be punished as a felony under U.S. code, Title 18, Section 1001. I understand that I will be committed to provide full-time clinical primary health care services at an NHSC approved site in the health professional shortage area (HPSA) to which I am assigned by the NHSC. I further understand the HPSA service site to which I am assigned by the NHSC may be located anywhere in the United States. I certify that I have no known impediments to the full performance of the NHSC service commitment.

IMPORTANT!

Once you press the "Submit" button, you will not be able to access the form to [revise or change](#) your answers. Please be certain your Application Form is complete before proceeding.

If our review shows deficiencies or missing information you will be advised via Email.

If your Application Form is ready, then click on the Submit button below.

Submit

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Thank you for completing the 2007-2008 National Health Service Corps (NHSC) Scholarship Program Application Form. **At this time, you have only fulfilled the first portion of the application requirements.** Please see your Applicant Information Bulletin for further instructions regarding submission of supporting documentation, including the NHSC Scholarship Program Contract.

[Click here](#) for a complete, printable version of the form for your records in Portable Document Format (PDF). Please save this PDF document to your computer and/or print the PDF document. Please submit a printed copy of this application form along with your final application package. If you do not have a PDF viewer installed, please [click here](#) to download a free PDF viewer.

Please feel free to contact an NHSC Scholarship Program representative at (800) 638-0824 if you have any questions or concerns.

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