



NATIONAL HEALTH SERVICE CORPS
SCHOLARSHIP PROGRAM

SCHOLARSHIP ONLINE APPLICATION FORM

NOVEMBER 2007 - REVIEW

2008 NHSC SCHOLARSHIP APPLICATION HOMEPAGE

To apply for the NHSC Scholarship program you will need to register below and complete the online Application Form as well as submit the application documents outlined in the Applicant Information Bulletin. The online Application Form must be submitted by midnight on March 28, 2008.

In order for your application to be considered complete, you will need to submit the signed Assurances, the signed Certification, and the supporting forms/documents outlined in the Applicant Information Bulletin.

Please see the Applicant Information Bulletin and the checklist for further information.

Fields marked with an * are required.

* Your Last Name:

* Your First Name:

Your Middle Initial:

* Street Address:

* City:

* State:

* Zip Code:

* Daytime Phone Number: - -

Discipline:

* Your Email Address:

* Reenter Email Address:

* Create Password:

* Reenter Password:

* Create Security Question:

Password must be at least 8 characters long, and must include one character from at least 3 of the following 4 types:

1. Uppercase (A-Z)
2. Lowercase (a-z)
3. Numeric (0-9)
4. Symbol (~!@#\$%^&*())

* Create Security Answer:

Please enter the information below. If you experience any problems, please contact the HRSA Help Desk at nhsc@discoverylogic.com or (800) 638-0824.

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Application System Login

Log in here if you are:

- Completing your Scholarship Program application.

Note: Once you have completed the application and clicked "Submit", you will not be able to log into the system or access your application to make changes. For information on the NHSC Scholarship Program please call the help line at (800) 638-0824 between 8:30 AM and 5:00 PM, Monday - Friday Eastern Time or email us at NHSC@discoverylogic.com. For information on the NHSC Loan Repayment Program or the NHSC Scholarship Program, please [click here](#) if you need any further assistance.

Your Email Address:

(Please enter your full e-mail address in the form of
account@mailserver, for example:
yourname@yourorganization.com)

Password:

Forgot your password? [Click here.](#)

Applying to the program and don't have a Password? [Click here to apply.](#)

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U. S. Department of Health and Human Services

Health Resources and Services Administration
Bureau of Clinician Recruitment and Service
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 Application Form for the National Health Service Corps (NHSC) Scholarship Program. To start your online Application Form, please click on Section A: Assurances and complete all requested information. Once you have completed this section in its entirety, you will be asked to print and sign the form to submit with your application documents. You will then need 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. You may log off and complete the remaining forms at a later time. The online Application Form must be submitted by deadline indicated in the Applicant information Bulletin.

You will be required to print the Certification form, sign it and submit a copy with your application documents 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. The Application form is not considered complete until it is submitted. **Please note:** Once you have submitted the complete application, you will not be able to login and access the form. Please make certain you review the application carefully before submitting it and print a copy before exiting.

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](#). 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

The online Application Form must be submitted by midnight on March 28, 2008. All supporting application documents must be postmarked by deadline indicated in the Applicant information Bulletin.

Please refer to the Applicant Information Bulletin for the deadlines for the supporting documents.

FORM	STATUS	
	COMPLETED DATE	LAST UPDATED DATE
Section A: Assurances	Not Started	
Section B: Eligibility	Not Started	
Section C: General Information	Not Started	
Section D: Degree Information	Not Started	
Section E: Background	Not Started	
Section F: Career Goals	Not Started	
Section G: Certification	Not Started	

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 3 hours 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: ASSURANCES

After providing your responses to this section electronically, you will need to print this form, sign and date it, and then submit it with your application materials. This assurance must be submitted with your supporting documentation in order for your application to be complete. If you decline any assurance, the system will not allow you to complete the online application.

In submitting this application, I certify that I understand that I should be offered and accept a NHSC scholarship:

- I will provide primary care service in a NHSC approved site in a Health Professional Shortage Area for 1 year for every every school year or partial school year of Federal support, with a minimum service of two years.

Accept Decline

- My services will begin immediately following graduation for the health professions training that is being paid for, or approved residency where appropriate.

Accept Decline

- I will relocate consistent with the needs of the National Health Services Corps.

Accept Decline

- I will most likely serve as an employee of a community clinic or health center during my service obligation.

Accept Decline

- Further more, I understand that if I fail to meet the above service requirements, I will owe the United States damages equaling 3 time the scholarship award plus interest, as calculated by the government.

Accept Decline

**** Please note applicants who indicate a decline response will not be considered as a viable candidate for the National Health Service Corps and the electronic application will not allow them to proceed.**

Instructions: [Click Here to print this form](#). You must print and sign this form and mail it along with your other application documents.

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.



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SECTION A: ASSURANCES

You have indicated that you are not willing to accept the requirements for the National Health Service Corps Scholarship program. Therefore, you will not be allowed to continue with the electronic application.

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SECTION B: ELIGIBILITY

All fields marked with * are required.

1. Are you an American Citizen?

(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.)

Yes No

2. *Have you ever been dismissed, placed on probation, suspended, or voluntarily 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 upcoming school year.

3. *Do you have a judgement lien against your property for a Federal debt?

(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

4. *Have you ever been delinquent on a Federal debt, as defined as being more than 90 days past due on a scheduled payment?

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

Yes No

5. *Do you have an existing health profession service obligation?

Yes No

6. *Will you be enrolled as a full-time student during the 2008-2009 school year and will your class attendance begin on or before September 30, 2008?

Yes No

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: ELIGIBILITY

You do not meet the eligibility requirements for the National Health Service Corps Scholarship program.
Therefore, you will not be allowed to continue with the electronic application.

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.



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SECTION C: GENERAL INFORMATION

All fields marked with * are required.

1. * Professional Health Discipline

Discipline:

Specialty:

(See [Applicant Information Bulletin](#))

2. Your Full Name:

* Last Name:

* First Name:

Middle Initial:

Title:

Suffix:

3. Address:

* Street Address:

* City:

* State:

* Zip Code:

4. * E-mail Address:

5. **Social Security Number:** (See Privacy Act Statement in the [Applicant Information Bulletin](#).)

- -

6. Telephone Numbers

a. Home:

- -

* Zip Code:

* Phone Number:

(If this information changes, it is the responsibility of the applicant to notify the NHSC Promptly. Failure to contact an applicant of selection for a scholarship due to a non-notification of changes to the above information may result in de-selection.)

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 D: DEGREE INFORMATION

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

If combined, please specify your degree or certification:

2. * 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:

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

Month: Year:

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

Month: Year:

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

Years

6. * In what year of your degree or certificate program will you be enrolled during the upcoming school year?

Year

7. Your tuition and fees for the upcoming school year will be based on which of the following categories?

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 E: BACKGROUND

All fields marked with * are required.

1. Individual and Family Background

(This question 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
Native Hawaiian or Other Pacific Islander
Asian | Black or African American
White |

2. Educational Background

- a. Enter the name and location of the institution from which you received or will receive your undergraduate degree.

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. How did you learn about the National Health Service Corps Scholarship Program? Select all that apply. (Completion of this question is voluntary)

If other, please specify:

4. Work Experience

- a. If you received a degree or certificate in a health-related discipline, as indicated in Question 2 of this Section, did you work in this discipline for 3 years or more?
- Yes No
- b. Please identify the discipline
- c. 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
- d. 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

5. Volunteer Experience. Please list your 5 most relevant volunteer experiences.

- a. Experience 1
- Activity
- Dates Involved From: To:
- Hours Spent per Event
- Frequency
- b. Experience 2
- Activity
- Dates Involved From: To:
- Hours Spent per Event
- Frequency
- c. Experience 3
- Activity
- Dates Involved From: To:
- Hours Spent per Event
- Frequency
- d. Experience 4
- Activity
- Dates Involved From: To:
- Hours Spent per Event
- Frequency

e. Experience 5

Activity

Dates Involved

From:

To:

Hours Spent per Event

Frequency

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 F: CAREER GOALS

All fields marked with * are required.

1. Future Plans

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

Specialty:

If other, please specify:

2. Instructions: You are required to provide an essay-style response to each of the 5 questions below. Each response should be limited to 2,500 characters or less (approximately one-half typed page). To insure that the limit is not exceeded, we recommend that you use a standard word processing tool (Word, Word perfect, etc.) to create the document and then cut and paste the text into the online form. Most word processing tools provide you with the character count in addition to providing spelling and grammar checking.

- a. **Why do you want to be a National Health Service Corps Scholar?**
- b. **When did you realize you wanted to serve underserved populations and how did you arrive at this decision?**
- c. **What experiences have you had or activities have you participated in that have prepared you for working with underserved populations?**

d. **If you were selected, how do you envision your service as a provider / employee at a health clinic in a medically underserved community?**

e. **What are your long-term professional plans after fulfilling your scholarship service obligation?**

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 G: CERTIFICATION

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. This online Application Form must be Submitted by midnight on March 28, 2008.

We recommend that you review the complete Application Form before you submit it. [Click here](#) for a complete, printable version of the form for your records in Portable Document Format (PDF). You may also save this PDF document to your computer.

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.

You must print this form, sign and date it and then submit it with your application documents. Your application will not be complete if you fail to include this document.

IMPORTANT!

Once you press the "Submit" button, you will not be able to log into the online Application 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.

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.

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SECTION G: CERTIFICATION

Thank you for completing the 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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