NIH Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds

APPLICATION CHECKLIST

Please use this checklist to make sure all parts of your application are completed. This checklist must be submitted with your application to:

		National Institutes of Health Undergraduate Scholarship Program 2 Center Drive, Room 2E20 (MSC 0230) Bethesda, Maryland 20892-0230		
Ap	plica	nt's Name:		
Ad	dres	s:		
-				
		e Telephone:		
E-r	nail	·		
	Let Ap Un giv	ficial transcript (high school and college transcript required for college freshmen). ter of acceptance (for those entering college or transferring for the 2008–2009 academic year). plicant information form. dergraduate institution certification form. The applicant should fill out Section A. The form was en to the following representative of the undergraduate institution: me and Title:		
	Telephone:			
	Date:			
	foll	plicant recommendation forms. The applicant should fill out Section A of each form. The owing persons have been asked to submit recommendations: Name:		
		Institution:		
		Telephone:		
		Date:		
	2.	Name:		
		Institution:		
		Telephone:		
		Date:		
	3.	Name:		
		Institution:		
		Telephone:		
		Date:		
	Co	ntract		

U.S. Department of Health and Human Services National Institutes of Health NIH Undergraduate Scholarship Program Applicant Information	 Applicant's Instructions Please complete all sections of this form, and return it with your signed contract (NIH 2762-4) in the large white prepaid envelope. Do not fold application or contract. See reverse for detailed instructions. ♦ Send this application package to the National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2E20 (MSC 0230), Bethesda, Maryland 20892-0230. If you have any questions, please call 888-352-3001 or e-mail ugg@nih.gov>. 			
1. Applicant's Name (Last, first, middle)	2. Telephone Numbers (include area codes) Daytime () Evening ()			
3. Mailing Addresses Current Address (until June 2008): Line 1 Line 2 City State Country E-mail	4. Social Security Number (We collect your Social Security Number (SSN) to verify your identity, to determine your eligibility for the Undergraduate Scholarship Program, and to keep track of the federal funds you receive. We also use your SSN for servicing purposes under the Undergraduate Scholarship Program. We also use this information to determine the amount of that assistance. See Privacy Act Information in this package.)			
Permanent Address (after June 2008, if different from above): Line 1 Line 2 City State Country E-mail	5. Citizenship Are you a: U.S. citizen Yes No or a U.S. national Yes No or a qualified non-citizen* Yes No (*See note on back page.) If not a U.S. citizen, give country of citizenship and your immigration/ citizenship status:			
 College/University Enrollment Are you currently enrolled full-time or accepted for full-time enrollment in an accredited post-secondary institution?□ Yes □ No Ga. Name of College/University (If you have applied to post-secondary institutions but have not yet been accepted, please list the school you plan to attend) □ Enrolled □ Accepted for Enrollment 6b. Address ■	 6c. What will your grade level in college be at the beginning of the 2008–2009 academic year (September 2008)? □ Freshman □ Sophomore □ Junior □ Senior □ Other (please explain) 			
 7. Certification of Nondelinquent Status The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants of the NIH Undergraduate Scholarship Program must certify that they do not have a judgment lien against their property arising from a debt to the United States. <i>I hereby certify</i> that I [do] [do not] have a judgment lien against my property arising from a debt to the United States. <i>I hereby certify</i> that I [am] [am not] delinquent on any debt to the United States. 8. Certification I certify that information given in this application (including any personal statements) is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of this application, or, if awarded scholarship benefits, that I am liable for return of all awarded funds and, further, that any false statement may be punishable as a felony under U.S. Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Demoms Formed F				
Program Fraud Civil Remedies Act of 1986. Signature (Sign your full name in ink). Date				
I authorize the program(s) indicated in Section 6 to release information about administrators of the NIH Undergraduate Scholarship Program (UGSP) and to after completion of all UGSP requirements. Signature (<i>Sign your full name in ink</i>).				
PAGE 1 (FRONT) searching existing data sources, gathering and maintaining the data ne or sponsor, and a person is not required to respond to, a collection of in	e 3 hours and 10 minutes per response, including the time for reviewing instructions, seeded, and completing and reviewing the collection of information. An agency may not conduct nformation unless it displays a currently valid OMB control number. Send comments regarding n, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 (0925-0438). Do not return the completed form to this address.			

NIH Undergraduate Scholarship Program

Applicant Information (continued)

This application can be completed on-line at www.ugsp.nih.gov. Please provide a response to each section in the space provided or on a separate sheet. In either case, you must use a typewriter/word processor. If you use a separate sheet, the type size must be 12-point and your response may not exceed 300 words per question. Responses that do not follow these guidelines will not be considered.

9. What person or event has been most influential in the development of your science career? (You should describe a person or situation that propelled you toward your career path in science or research.)

10. Discuss your specific interest in pursuing a career in biomedical, behavioral or social science health-related research and your academic and career goals. Describe how the UGSP would help you to attain your goals, including the non-financial benefits you may attain from the UGSP and NIH.

11. In responding to the following questions be sure to only include those activities and awards that are relevant to your interest in science and biomedical research.

a. Describe extracurricular activities in which you have participated in the past or are participating in currently. (For example—science fairs, science clubs, internships, community service, hobbies.) Describe the specific role you played in the activities.

b. List special recognitions, scholastic awards and honors, and any scholarships you have received. Include a short narrative to help us understand the award, scholarship, or recognition.

c. Describe any activities, whether voluntary or paid positions, that demonstrate involvement with and/or commitment to biomedical, behavioral or social science health-related research which you participated in during the school year or summer. If you engaged in research, describe the specific role you played in the research project.

NIH Undergraduate Scholarship Program

Applicant Information (continued)

12. How would you evaluate and describe your aptitude in relation to the characteristics listed below? In responding, give specific examples of science- related projects which demonstrate your aptitude in the following areas. Avoid responses "I am very curious" or "I have much initiative." Carefully evaluate and include specific and relevant examples.			
a Initiative			
b. Work habits			
c. Curiosity			
d. Creativity in problem-solving			
e. Ability to work as a member of a team			
f. Leadership skills (Include elected or other positions you have held or projects you have initiated.)			
IH 2762-1			

Applicant Information (continued)

INSTRUCTIONS FOR APPLICANT INFORMATION FORM NIH 2762-1

Official Transcript

You must request that your academic institution send one official transcript, which includes the school's seal or official stamp, to the UGSP. The transcript should be sent to the National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2E20, (MSC 0230), Bethesda, Maryland 20892-0230. You are responsible for verifying the receipt of your transcript in our office. You may do so by sending us e-mail at <ugsp@nih.gov>. We cannot respond to telephone inquiries.

Contract (Form NIH 2762-4)

Please review this document carefully. By signing the contract you are agreeing to serve at the NIH, and if you change your mind once you have accepted a scholarship you may incur substantial penalties. We suggest you review the contract with your guidance counselor, financial aid advisor, and/or parents/guardians.

Citizenship (Number 5 on Form NIH 2762-1)

If you are not a U.S. citizen or national, we urge you to carefully review the citizenship requirements at *www.ugsp.nih.gov/citizenship.htm* or contact our office before applying. Even if you are eligible to work in the United States, you may not be eligible for this program. If you are a permanent resident, for example, your eligibility depends on your country of citizenship.

Certification (Number 8 on Form NIH 2762-1)

Your application cannot be considered unless this Certification is signed and dated. Please read it carefully.

Questions 9–12 (Form NIH 2762-1)

Your answers to the questions must be typed. Please limit your answers to the space provided or follow the guidelines that precede question 9. **Responses which exceed the space limitation or do not follow the guidelines will not be considered**.

This application can be completed electronically at *www.ugsp.nih.gov.*