

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
Bureau of Clinician Recruitment and Service

**NURSING SCHOLARSHIP PROGRAM APPLICANT INFORMATION BULLETIN  
SCHOOL YEAR 2009-2010**

**FOR STUDENTS IN TRAINING TO BE REGISTERED NURSES**

Health Resources and Services Administration  
Bureau of Clinician Recruitment and Service  
Division of Applications and Awards  
Nursing Scholarship Program  
5600 Fishers Lane, Room 8-37  
Rockville, Maryland 20857

**Contact Nursing Scholarship Program**

HRSA Call Center

Monday through Friday between 9:00 a.m. – 5:30 p.m., Eastern Time (ET)

Telephone: 1-800-221-9393

TTY 1-877-897-9910

E-mail: [CallCenter@hrsa.gov](mailto:CallCenter@hrsa.gov)

**On-line application and BCRSIS Banking Information must be submitted by 5:00 p.m. ET on  
May 14, 2009, and all Supporting Documents must be postmarked by May 14, 2009**

**Mail completed forms to:**

Nursing Scholarship Program  
c/o HRSA Call Center  
12530 Parklawn Drive, Suite 350  
Rockville, MD 20852

Authority: Section 846(d) of the Public Health Service Act as amended

## **DISCRIMINATION PROHIBITED**

Title VI of the Civil Rights Act of 1964, as amended, and its Department of Health and Human Services (HHS) implementing regulation, 45 Code of Federal Regulations (CFR) Part 80, provide that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving Federal financial assistance.

Title IX of the Education Amendments of 1972, as amended, and its implementing regulation, 45 CFR Part 86, provide that no person in the United States shall, based on his/her sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any educational program or activity receiving Federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, and its HHS implementing regulations, 45 CFR Parts 84 and 85, provide that no otherwise qualified individual with a disability in the United States shall, solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance or any program or activity conducted by HHS.

Title III of the Age Discrimination Act of 1975, as amended, and its HHS implementing regulations, 45 CFR Parts 90 and Part 91, provide the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be subject to discrimination under, any program or activity receiving Federal financial assistance.

### **NOTICE**

***PLEASE PRINT AND KEEP THIS BULLETIN***

**Applicants selected to participate in the Nursing Scholarship Program should retain this Applicant Information *Bulletin* as a reference guide to the scholarship award.**

The *Applicant Information Bulletin* describes the Nursing Scholarship Program authorized by Section 846(d) of the Public Health Service Act (42 U.S.C. 297n(d)), as amended by Public Law 107-205 on August 1, 2002, including applicable provisions of the National Health Service Corps Scholarship Program, and Nursing Scholarship Program administrative guidelines in effect as of January 1, 2009. Future changes in the governing statute, regulations and Program guidelines may also be applicable to your participation in this Program. The Nursing Scholarship Program is listed as number 93.908 in the *Catalog of Federal Domestic Assistance*.

## **PRIVACY ACT NOTIFICATION STATEMENT**

### **General**

This information is provided pursuant to the *Privacy Act of 1974* (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

### **Authority**

Section 846(d) of the Public Health Service Act as amended.

### **Purposes and Uses**

The purpose of the Nursing Scholarship Program is to provide scholarships to nursing students in exchange for a service commitment at an eligible health facility with a critical shortage of nurses. The information you provide will be used to evaluate your qualifications and suitability for participating in the Nursing Scholarship Program.

Selections are made on a competitive basis. The Nursing Scholarship recipient's application and related data are made part of the file to be used within the U.S. Department of Health and Human Services for recordkeeping and management during the recipient's participation in the Nursing Scholarship Program. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act (e.g., to the Congress, the National Archives, the General Accounting Office, and pursuant to court order).

The name of a scholarship recipient, the professional school he or she is attending, and the date of graduation may be made available to health professions associations, to groups which have responsibility for coordinating funds paid to students from Federal and other sources, and to individuals and organizations deemed qualified by the Secretary, Health and Human Services to carry out specific research, solely for the purpose of carrying out such research. In addition, a participant's name, business address, business telephone number, and completion date of commitment may be provided to professional placement firms in response to requests made under the Freedom of Information Act. See also the [Authorization to Release Information](#).

### **Effects of Non-disclosure**

Disclosure of the information sought in this application is voluntary; however, if not provided, except for the race or ethnic identity of the applicant, an application will not be considered for an award under this announcement.

### **Paperwork Reduction Act 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 current OMB control number. The current OMB control number for information collected through this application process is 0915-0301. Public reporting burden for this collection is estimated to average 120 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

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## EXECUTIVE SUMMARY

The Nursing Scholarship Program Application Information Bulletin (AIB) provides a summary of the rights and liabilities of applicants who are selected to become participants in the Nursing Scholarship Program (NSP). This AIB also contains instructions for completing the application and all required forms. The information outlined below includes important information for successfully applying for the NSP and describes some of the changes implemented during this application cycle.

### 1. Electronic Submission of the Application

All individuals applying for this funding opportunity are required to submit the application electronically no later than 5:00 p.m. Eastern Time (ET) on May 14, 2009.

### 2. Electronic Submission of BCRSIS Banking Information

All applicants **who meet the first funding preference** (see item 4 below) are required to submit the Bureau of Clinician Recruitment and Service Information System (BCRSIS) banking information (for direct deposit of stipend payments) electronically no later than 5:00 p.m. ET on May 14, 2009. The applicant must also print a copy of the “BCRSIS Receipt of Submission.” A copy of the “BCRSIS Receipt of Submission is required supporting documentation to complete the application packet. See item 3 below.

If you are unable to print a copy of the “BCRSIS Receipt of Submission,” please complete the following 2 steps:

- Contact the HRSA Call Center to log a help-ticket toll-free at 1-800-221-9393 (TTY: 1-877-897-9910), Monday-Friday (except Federal Holidays), 9:00 a.m. to 5:30 p.m. ET.
- Complete the Banking Update form which may be found at <https://www.fms.treas.gov/eft/1199a.pdf>. The completed form must be received or postmarked by May 14, 2009. Please mail the completed form to: Division of Applications and Awards, Scholarship Branch, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.

Only the Health Resources and Services Administration (HRSA) staff can enter changes to the electronic banking information once it has been submitted through BCRSIS and a “BCRSIS Receipt of Submission” has been printed. If changes are required, applicants must complete the Banking Update Form which may be found at <https://www.fms.treas.gov/eft/1199a.pdf> and mail the completed form to the Division of Applications and Awards, Scholarship Branch, 5600 Fishers Lane, Room 8-37, Rockville, MD 20852.

### 3. Submission of Supporting Documentation to Complete Application Package

In addition to submitting the electronic application and banking information through the Bureau of Clinician Recruitment and Service Information System (BCRSIS), all applicants **who meet the first funding preference** (see Item 4 below) must submit all

required supporting documentation including a copy of the “BCRSIS Receipt of Submission,” described in this Applicant Information Bulletin, by May 14, 2009 (postmark date) to:

Nursing Scholarship Program  
c/o HRSA Call Center  
12530 Parklawn Drive, Suite 350  
Rockville, MD 20852

*Any applicant in the first funding preference who fails to submit all required documents by the deadline will be deemed ineligible and will not be considered for funding under this announcement. Application packages deemed incomplete (i.e., missing, inconsistent, or incomplete supporting documents) will not be considered for funding. The NSP will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. It is the applicant’s responsibility to submit a complete application package.*

The educational information submitted in the online application must be consistent with what is reported by the school on the Verification of Enrollment/ Good Standing form.

#### **4. Funding Preference**

First funding preference will be given to qualified applicants with the greatest financial need (those who have an expected family contribution [EFC] of zero) and are enrolled or accepted for enrollment in an accredited undergraduate nursing program as full-time students. Because of the competitive nature of the NSP, scholarship awards since the inception of the program in 2003 have not gone beyond this funding preference. ***Therefore, please do not submit the BCRSIS banking information and supporting documents unless you meet the funding preference referenced above.*** *In the unlikely event that the program would reach a lower [funding preference](#), lower preference applicants will be given an opportunity to submit the BCRSIS banking information and other required documentation at a later date.*

To receive an EFC determination, applicants must submit a Free Application for Federal Student Aid (FAFSA) to the Department of Education. See <http://www.fafsa.ed.gov>. In response to the FAFSA, the Department of Education will provide the applicant with a Student Aid Report (SAR), which will contain the EFC determination. *It takes a minimum of 2 weeks from the date of submission to receive an original FAFSA. Therefore, it is recommended that you complete the FAFSA form before completing the Nursing Scholarship Program application or as soon as possible.*

#### **5. NSP and Taxes**

The scholarship consists of payment for tuition, fees, other reasonable educational costs, and a monthly support stipend. ***All of these benefits are subject to Federal income taxes.***

## 6. Program Changes for New Applicants

- **Summer School**

The NSP will only pay tuition and fees for pre-approved summer school sessions when summer school is an academic term normally required by the school for all students in the same program.

- **NSP School Year**

All NSP scholarship contracts are for a specific year. The school year is defined as July 1 through the following June 30 during which an applicant is enrolled in a school. If, for example, a student is in a 24-month program that begins on August 3, 2009, and he/she signs contracts for 2 school years, the student will receive stipend, ORC and tuition payments through June 30, 2011. Funding for the extra months of the program beyond June 30, 2011, would require a request for a third year of scholarship funding, and if granted, obligates the recipient to 3 full years of service commitment. If a student is in a 24-month program that begins on May 3, 2009, and he/she signs contracts for 2 school years, the student will receive a stipend, ORC and tuition payments from July 1, 2009, through June 30, 2011, or the month the recipient completes the required classes for graduation, whichever comes first.

## 7. Telephone Conferences for Applicants

The NSP will conduct two (2) telephone conferences for applicants who may have questions during the Fiscal Year 2009 application cycle. The telephone conferences will be held on **April 23, 2009 and May 7, 2009**. The telephone conferences will be available for 2 hours from 2:30 pm to 4:30 pm, ET. If you are interested in participating in a telephone conference please register for the event. There are a limited number of lines available for this call, early registration is recommended.

**To register for this event:**

Register for April 23 call ([https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings\\$Conference\\_ID=3138609\\$passcode=4955079](https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings$Conference_ID=3138609$passcode=4955079))

Register for May 7 call ([https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings\\$Converence\\_ID=3138614\\$passcode=4955079](https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings$Converence_ID=3138614$passcode=4955079))

## **SECTION I. APPLICANT INFORMATION BULLETIN: 2009-2010 ACADEMIC YEAR**

### **INTRODUCTION**

The Nursing Scholarship Program (NSP or "Nursing Scholarship") is a competitive Federal program which awards scholarships to individuals for attendance at schools of nursing. The scholarship consists of payment for tuition, fees, other reasonable educational costs, and a monthly support stipend. In return, the students agree to provide a minimum of 2 years of full-time clinical service (or an equivalent part-time commitment, as approved by the NSP) at a health care facility with a critical shortage of nurses.

Nursing Scholarship recipients **MUST** be willing and are required to fulfill their NSP service commitment at a health care facility with a critical shortage of nurses in the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Territory of Guam, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, the Territory of American Samoa, the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.

*Students who are uncertain of a commitment to provide nursing in a health care facility with a critical shortage of nurses in the United States are advised not to participate in this program.*

### **PROGRAM ADMINISTRATION**

The Bureau of Clinician Recruitment and Service (BCRS), Health Resources and Services Administration (HRSA), administers the NSP. Within BCRS, the Division of Applications and Awards (DAA) awards the scholarships and is responsible for all payments to scholars and schools; the Division of Scholar and Clinician Support (DSCS) monitors scholars while in school, reviews and approves requests for initial service site and service transfers, and monitors scholars' service until they have completed their service commitment. The Legal and Compliance Office (LCO) reviews scholar and clinician compliance referrals, handles default determinations, and reviews requests for suspensions and waivers.

### **APPLICANT ELIGIBILITY**

Applicants must meet the following requirements in order to be eligible for scholarship awards.

#### **1. U.S. Citizenship**

Scholarship applicants must be citizens or nationals of the United States (U.S.) to receive Nursing Scholarship awards. Nationals are individuals who owe permanent allegiance to the U.S. and were born in certain outlying possessions of the U.S. (e.g., American Samoa and Swains Island) on or after the date of formal acquisition of such possession by the U.S. ***All applicants must submit documentation to verify U.S. citizenship or status as a U.S. national (e.g., a copy of a birth certificate, a certificate of citizenship, passport or naturalization certificate) with the application material.*** Permanent residents of the U.S. are not eligible to apply.



## 2. Enrollment in Accredited Nursing Schools and Programs

The nurse education program must be accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education. Currently, these agencies include the Commission on Collegiate Nursing Education (CCNE), the National League for Nursing Accrediting Commission (NLNAC), Kansas Board of Nursing, Maryland Board of Nursing, Missouri Board of Nursing, Montana Board of Nursing, North Dakota Board of Nursing and New York Board of Nursing.

To be considered for a scholarship award for the 2009-2010 school year, applicants must be enrolled or accepted for enrollment in a nursing degree program and ***must begin classes for the Fall term on or after July 1, 2009, and no later than September 30, 2009***, in one of the following:

- 1) **AN ASSOCIATE DEGREE SCHOOL OF NURSING** - A department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree and is an accredited program;
- 2) **A COLLEGIATE SCHOOL OF NURSING** - A department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to a degree of bachelor of arts, bachelor of science, bachelor of nursing, graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school and is an accredited program; or
- 3) **A DIPLOMA SCHOOL OF NURSING** - A school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent training and is an accredited program.

**PLEASE NOTE: STUDENTS ENROLLED IN LPN PROGRAMS, SELF-PACED STUDY PROGRAMS (ON-LINE), BRIDGE PROGRAMS AND DUAL DEGREE PROGRAMS ARE NOT ELIGIBLE FOR A SCHOLARSHIP AWARD.**

### **Full-Time or Part-Time Enrollment**

Applicants may be enrolled as full-time or part-time students; however, a funding preference will be given to full-time students. See “[Funding Preferences and Awards](#).”

A student will be considered full-time if the student meets the nursing school program's definition of a full-time student. A less than full-time student will be considered part-time if the student is enrolled on at least a half-time basis. Students who are enrolled on a less than half-time basis are ineligible to participate in the NSP.

**ALL STUDENTS - PLEASE NOTE:** Individuals planning to be on a leave of absence from school such that they will not begin class attendance on or before September 30, 2009, should

not submit an application this year, but may apply next year. Please be advised that any **non-**required or unrelated courses will not count toward the schools' required hours in determining full-time or part-time status.

### **Schools and Programs Must be Located in a State**

The schools and educational programs for which scholarship support is requested must be in a State (includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia). *Students attending schools outside of these geographic areas are not eligible for Nursing Scholarships, even though they may be citizens of the United States.*

### **Submission of Signed Contract**

To be eligible for an NSP scholarship, the statute requires that an applicant sign and submit a contract. The contract is for the 2009-2010 school year with contract extensions for up to 3 subsequent school years, not to exceed a total of 4 school years of NSP scholarship support. The 2009-2010 contract, if countersigned by the Secretary or his/her designee, obligates the applicant to the minimum 2-year service commitment. Therefore, applicants are strongly encouraged to sign the 2009-2010 contract and an optional contract for the 2010-2011 school year, if the applicant will need additional support for all or part of the subsequent school year (2010-2011). The contract(s) must be signed by the student through the date of graduation in order for the student to receive support through the date of graduation. **Before an applicant decides not to request scholarship support through his/her graduation date, the applicant should read the [Continuing Support after the 2009-2010 School Year](#) section of this Bulletin.**

### **No Judgment Lien for a Federal Debt**

An applicant must be free of any judgment lien against his/her property arising from a debt owed to the United States. Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance. *Please be advised that a credit check will be conducted as part of the application process.*

### **No Exclusion or Disqualification from Covered Transactions**

The receipt of funding under the NSP is a "covered transaction" pursuant to Title 2 of the Code of Federal Regulations (CFR) Part 180, as adopted by HHS pursuant to 2 CFR Part 376. Before entering into a scholarship contract, the applicant is required, under Subpart C of Part 180, to report certain information, which is described in the "[Certification Regarding Debarment, Suspension, Disqualification and Related Matters](#)." The applicant should sign the Certification that is applicable to his/her situation.

Individuals who are currently excluded (suspended or debarred) or disqualified by any Federal agency from participating in covered transactions are ineligible to receive an award under the NSP. Individuals with reportable problems other than exclusion or disqualification may, or may not, be selected to participate in the NSP, based on the Program's consideration and evaluation of the applicant's circumstances.

As a condition of participating in the NSP, a participant must agree to comply with the requirements of Subpart C of Part 180, which include providing immediate written notice to DAA if the applicant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changed circumstances.

### **No Conflicting Service Commitments**

Applicants, except military reservists, who are already obligated to a Federal, State or other entity for professional practice or service after academic training are not eligible for NSP awards. An exception may be made if the obligating entity provides documentation that there is no potential conflict in fulfilling the service commitment to the NSP and that the NSP service commitment will be served first.

**A scholarship recipient who meets the above exception should not expect to serve in a State, community, or medical facility to which the recipient already owes a commitment for service.** The NSP cannot make any such advance placement commitments to NSP recipients.

Scholarship recipients, except military reservists, who subsequently enter other service commitments and are not immediately available after completion of their degrees to fulfill their scholarship service commitments, will be subject to the [breach-of-contract](#) provisions described later in this *Bulletin*.

### **Members of a Reserve Component of the Armed Forces**

Individuals in the Reserve component of the Armed Forces or National Guard are eligible to participate in the NSP. However, reservists should understand the following:

- *First*, military training or service performed by reservists will not satisfy the NSP service commitment. If a participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 7 weeks (28 work days) per service year, the participant should request a suspension. See "[Waiver, Suspension or Cancellation of The Commitment](#)" for more information. The NSP service commitment end date will be extended to compensate for the break in NSP service.
- *Second*, if the critical shortage facility where the reservist was serving at the time of his/her deployment is unable to re-employ that reservist, the participant must transfer to another critical shortage facility to complete his/her remaining NSP service commitment. Any expenses associated with the participant's transfer are wholly the responsibility of said participant. In some cases, a participant may be asked to sign an employment contract with the facility, which extends beyond the completion date of his/her NSP service commitment.

## FUNDING PREFERENCES AND AWARDS

**The NSP for the 2009-2010 school year is expected to be very competitive. The Program anticipates more applicants for scholarship awards than there are funds available. Students may want to apply for other funding sources also, due to the expected competitiveness of the NSP.**

### Funding Preferences for the 2009-2010 School Year

The following funding preferences will be used to make NSP awards:

- **First funding preference** will be given to qualified applicants who have a zero expected family contribution (EFC) and are enrolled or accepted for enrollment in an accredited **undergraduate** nursing program as **full-time** students. See the “Student Aid Report” section of “[Submitting the Application](#)” below.
- **Second funding preference** will be given to qualified applicants who have a zero EFC and are enrolled or accepted for enrollment in an accredited **graduate** nursing program as **full-time** students.
- **Third funding preference** will be given to qualified applicants who have a zero EFC and are enrolled or accepted for enrollment in an accredited **undergraduate or graduate** nursing program as **part-time** students.

If funds remain available, qualified applicants who have an EFC that exceeds zero will be grouped according to their EFC in increments of \$500 from highest to lowest need (i.e., applicants with EFC of \$1-\$500, applicants with EFC of \$501-\$1,000, etc.). These groups will be funded; to the extent funding remains available, in order of decreasing need. Within each group, applicants who are enrolled or accepted for enrollment in an undergraduate nursing program as full-time students will be funded first, applicants who are enrolled or accepted for enrollment in a graduate nursing program as full-time students will be funded second, and the remaining qualified part-time applicants within the eligible undergraduate or graduate nursing program will be funded third.

If there are insufficient funds to award a contract to all qualified applicants who meet a given funding preference, applicants will be selected randomly within that preference level until all funds are expended. *Please note that the ranking of selectees will not be disclosed.*

### Notification of Selection

Individuals selected for awards will be notified by e-mail, no later than September 30, 2009. To accept the award, the selectees must respond by the deadline in the notice of award email. If the selectee does not respond by that deadline, the offer of award expires and the award will be offered to an alternate.

*Individuals selected for an award must attend classes during the 2009-2010 school year, and class attendance must begin on or before September 30, 2009. Individuals whose class*

*attendance during the 2009-2010 school year will begin after September 30, 2009, **MUST** decline the award.*

To ensure timely receipt of NSP communications, **applicants should keep their email addresses up-to-date during the application process.** Applicants must log in to their accounts on the NSP website at [www.nis.hrsa.gov](http://www.nis.hrsa.gov) to update this information.

### **Notification of Alternate Status**

Individuals selected as alternates will be notified by e-mail no later than September 30, 2009. Alternates will be notified of selection for an award as selectees decline their awards. **Please note that the ranking of alternates will not be disclosed.**

### **Notification of Non-Selection**

Individuals not selected for an NSP award will be notified via e-mail no later than October 30, 2009.

### **Declining Scholarship Support**

Selectees may decline awards without penalty (permitting the promotion of alternates to selectee status) by mailing or faxing to the NSP a signed letter declining the award offer by the deadline date specified in the notice of award email.

Once a selectee declines the offer of award, the award will be offered to an alternate. **There will be no opportunity to reclaim the award.** A decision to decline the scholarship award is final and cannot be changed under any circumstances.

## **SUBMITTING THE APPLICATION**

In order to be eligible for a Nursing Scholarship award, all applicants (regardless of funding preference) must submit an electronic application **no later than 5:00 p.m., ET on May 14, 2009.** No extensions on the deadline will be granted. Applicants who meet the first funding preference must complete their applications, as set forth below, by providing banking information and supporting documentation. Applicants who do not meet the first funding preference should complete their online applications but not submit banking information and supporting documents at this time. Should sufficient funds be available to make awards beyond the first funding preference, applicants will be notified and given an opportunity to complete their applications.

### **Submission of Banking Information**

For applicants who meet the first funding preference, banking information must be submitted electronically through the BCRSIS by **5:00 p.m., ET on May 14, 2009.** In addition, a copy of the “BCRSIS Receipt of Submission” must be printed, and submitted with the supporting documentation.

To submit banking information through BCRSIS and print the “BCRSIS Receipt of Submission,” go to the following address: [HTTPS://NIS.HRSA.GOV/BANKLOGIN.ASPX](https://nis.hrsa.gov/banklogin.aspx). If

an applicant is unable to print a copy of the “BCRSIS Receipt of Submission,” please complete the following 2 steps:

- Contact the HRSA Call Center to log a help-ticket toll-free at 1-800-221-9393 (TTY: 1-877-897-9910), Monday-Friday (except Federal Holidays), 9:00 a.m. to 5:30 p.m., E.T.
- Complete the Banking Update Form which may be found at <https://www.fms.treas.gov/eft/1199a.pdf>. The completed form must be received or postmarked by May 14, 2009. Please mail the completed form to: Division of Applications and Awards, Scholarship Branch, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.

Only HRSA Staff can enter changes to the electronic banking information once it has been submitted and a “BCRSIS Receipt of Submission” has been printed. If changes are required, you must complete the Banking Update Form which may be found at <https://www.fms.trea.gov/eft/1199a.pdf> and mail the completed Banking Update Form to the Division of Applications and Awards, Scholarship Branch, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.

### **Required Supporting Documentation**

For applicants who **meet the NSP first funding preference, all supporting documentation described below must be postmarked by May 14, 2009.**

Required supporting documentation includes:

- [A Verification of Acceptance/Good Standing Report and Data Collection Worksheet for Tuition and Fees](#);
- An [Authorization to Release Information](#) (discussed below);
- A [Student Aid Report](#) (discussed below);
- [FORM W-4](#) (may be completed online, and submitted with the printed hard copy application or mailed with supporting documentation);
- A copy of your school’s 2009-2010 tuition/fees schedule or most recent fee schedule;
- BCRSIS Receipt of Submission;
- A Signed and Dated Contract; and
- Verification of U.S. citizenship

**Verification of Acceptance/Good Standing Report and Data Collection Worksheet for Tuition and Fees - *Students have the sole responsibility of ensuring that the worksheet is submitted and provided as part of the application packet.***

No applicant will receive an award until he or she is enrolled or accepted for enrollment in an accredited nursing program during the 2009-2010 school year (applicant must begin the Fall term on or after July 1, 2009, and no later than September 30, 2009). Applicants are required to use the Verification of Acceptance/Good Standing Report and Data Collection Worksheet for Tuition and Fees form (Verification Report/Data Collection Form), which is available from the online application. The Verification Report/Data Collection Form must be completed and signed

by the applicant's nursing program and bear the nursing school's raised seal or school stamp if the seal is not available. FAXES OR PHOTOCOPIES ARE NOT ACCEPTABLE. The school identified in the Verification Report/Data Collection Form, submitted by May 14, 2009, will be the applicant's "initial school of record."

**PLEASE NOTE:** If there are discrepancies between the information on the on-line application and the Verification of Acceptance/Good Standing Report, that application will not be considered for an NSP award.

Applicants who have not been accepted for enrollment in a nursing degree program and are therefore unable to provide the Verification Report/Data Collection Form by May 14, 2009, are not eligible. ONCE THE APPLICATION DEADLINE HAS PASSED, NO CHANGES WILL BE ACCEPTED IN THE APPLICANT'S CHOICE OF SCHOOL OR PROGRAM PRIOR TO AWARD. Applicants who elect to enter a different school and/or program after the application deadline should contact the NSP immediately and withdraw their application. These individuals would be free to reapply for scholarship support in a subsequent school year.

If the Verification Report/Data Collection Form states that there are conditions (not yet fulfilled) for acceptance into the school and/or program, other than standard contingencies that apply to all admitted applicants, applicants will not be eligible for consideration for an award for the 2009-2010 school year. All contingencies or conditions, other than standard contingencies, for acceptance must be met and reported to the NSP, in writing, no later than May 14, 2009.

The Verification Report/Data Collection Form also collects tuition and fees data for the applicant's initial school of record, for each school year of the applicant's nursing program. This data will be used to determine the dollar value of the scholarship award for each school year contract the applicant has requested and is eligible to receive. The data is to be filled out by the academic institution. However, the student has the sole responsibility of ensuring that the worksheet is submitted and provided as part of their application.

#### **Authorization to Release Information**

The Authorization to Release Information is required in order for the NSP to obtain information about the applicant's/participant's school enrollment from his/her nursing school.

#### **Student Aid Report**

As explained above, a funding preference is given to students of greatest financial need. To evaluate financial need, the NSP will use the Department of Education's Expected Family Contribution (EFC) determination. To receive an EFC determination, applicants must submit a Free Application for Federal Student Aid (FAFSA) to the Department of Education. See <http://www.fafsa.ed.gov>. In response to the FAFSA, the Department of Education will provide the applicant with a Student Aid Report (SAR), which will contain the EFC determination.

**PLEASE NOTE:** It takes a minimum of 2 weeks from the date of submission to receive an original FAFSA. Therefore, it is recommended that you complete the FAFSA form before completing the NSP application, or as soon as possible.

## **Signed Contract**

When signing the contract, applicants are encouraged to sign contracts for all years required to complete the nursing program in which the participant is enrolled or accepted for enrollment when applying for the scholarship. See [“Continuing Support After the 2009-2010 School Year.”](#)

## **SCHOLARSHIP BENEFITS**

### **Awards Limited to 4 School Years**

**For applicants signing "Full-Time Student" Contracts**, scholarship support will be limited to no more than 4 school years, which includes any partial school year of funding received during the school year. **For applicants signing “Part-Time Student” Contracts**, no participant will receive scholarship benefits that total, in the aggregate, more than 4 years of full-time scholarship support.

### **Defining a Participant's Academic School Year**

All NSP scholarship contracts are for a specific year. The school year is defined as July 1 through the following June 30 during which an applicant is enrolled in a school. If, for example, a student is in a 24-month program that begins on August 3, 2009, and he/she signs contracts for 2 school years, the student will receive stipend, ORC and tuition payments through June 30, 2011. Funding for the extra months of the program beyond June 30, 2011, would require a request for a third year of scholarship funding, and if granted, obligates the recipient to 3 full years of service commitment. If a student is in a 24-month program that begins on May 3, 2009, and he/she signs contracts for 2 school years, the student will receive a stipend, ORC and tuition payments from July 1, 2009, through June 30, 2011, or the month the recipient completes the required classes for graduation, whichever comes first.

### **Payment of Tuition & Required Fees**

Tuition and fees will be paid directly to the nursing school that the awardee is attending. If tuition and fees for the initial Fall term of the 2009-2010 school year have been paid from another source of financial aid (e.g. Pell Grant, state grants or other scholarships), pending notice of an NSP award, the school may return payments to the source of funding and then submit an invoice to the NSP for payment. After the initial fall term, if sources of financial aid, other than NSP, have been used to pay for tuition and fees, the school will be instructed not to submit an invoice to the NSP for these costs, but to submit documentation stating that it will not be seeking payment for the term. However, if a balance remains, then the school may submit an invoice for the balance remaining. Although payments of tuition and fees are made directly to the nursing school, the student is liable for paying taxes on these amounts. See the [“Taxation of the Nursing Scholarship.”](#)

<p><b>PLEASE NOTE:</b> The NSP will only pay tuition and fees for pre-approved summer school sessions when summer school is an academic term normally required by the school for all students in the same program.</p>
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**Eligible fees include:**

- Academic Support Services Fee
- Administrative Fee
- Building Use or Facility Fee
- Campus Life Fee
- Computer Lab Fee
- Curriculum Fee
- Disability Insurance (Must be required of all students regardless of source of funding)
- Education Fee
- Graduation Fee in last year of program
- Health Insurance (for students only) (Must be required of all students regardless of source of funding)
- Health Services Fee and Immunizations
- Laboratory Fees
- Library Fee
- Malpractice Insurance if it is mandatory that it be purchased through the school by all nursing students
- Matriculation Fee
- Processing Fee
- Recreation Fee
- Student Activities Fee
- Student Services Fee
- Technology Fee
- University Fee

**Ineligible Fees include:**

- Accident Insurance
- Attorney Fee
- Automobiles and Automobile Maintenance Expenses and Accident Insurance
- Books (as they are covered by the Other Reasonable Cost payment)
- Certification Boards
- Class Dues
- Counseling Fees
- Dental Insurance
- Educational Associations
- Financial Aid Trust Funds
- ID Maintenance
- Late Charges
- Life Insurance
- NCLEX Review
- Parking Fee
- Penalty Fee
- Personal Laundry
- Post Office Box Rental
- Refundable Property Deposit
- Room and Board Expenses
- Student Association and Union Fee
- Study Abroad Fees
- Testing Fee
- Transportation Fee
- Yearbook

The NSP will not pay for tuition costs unrelated to the degree program, penalty fees for over extension of a distance learning program, membership dues for student societies or associations, loan processing fees, and similar expenses. **Also, the NSP will pay ONLY for courses that are required for graduation. Elective courses not required for graduation are not eligible for payment.** If an applicant is unsure of what is covered by the Nursing Scholarship, please send a written request for further clarification to HRSA Call Center – NSP, 12530 Parklawn Drive, Suite 350, Rockville, Maryland 20852.

*Please be advised that under the Debt Collection Improvement Act of 1996, all Federal payments must be processed through Electronic Funds Transfer/ Direct Deposit. Therefore, all educational institutions must have an electronic funds transfer account which will allow the Division of Financial Operations (DFO), Program Support Center, Department of Health and Human Services to make electronic payments for tuition and fees in a timely manner.*

Receipt of a Nursing Scholarship award does not automatically preclude a participant from receiving funds from other programs, as long as no service commitment is involved. However, many student assistance programs are based on the student's financial need, or may be limited to the payment of expenses already paid by the NSP. The list of NSP recipients supplied to the schools will enable the school officials to reevaluate the financial need or eligibility of these individuals for funds under other aid programs. When continuation of financial assistance under other programs is not warranted, the school is required to reduce or terminate payments. Applicants should contact their financial aid officers to determine how the receipt of a Nursing Scholarship may affect them.

#### **Other Reasonable Costs (ORC)**

Financial support will be provided to each participant of the NSP for other reasonable educational expenses or costs (ORC) incurred by the student. A standardized ORC payment is established for a full school year, for a full-time student. The ORC payment will be reduced proportionately for students who plan to attend less than a full school year (e.g., December graduates). For part-time students, if funded, the ORC payment will be proportionally reduced. The ORC payment is provided to assist in the payment of the following types of expense:

- Books
- Clinical supplies
- Instruments
- Insurance (Life or Health Insurance)
- School ID Cards/ID Fees
- Travel
- Uniforms

The ORC payment will be included in the October stipend payment, which should be received by November 7.

#### **Stipend Amount**

During the 2009-2010 school year, the NSP will pay a full-time student a monthly amount of \$1,269.00 (before Federal taxes). If funded, a part-time student would receive a proportional stipend amount. The first payment for new awardees should be received by November 7 and will include stipend payments retroactive to July 1 and payment for Other Reasonable Costs.

Receipt of the stipend payment does not mean that the student is employed by the Federal Government or participates in any of the benefits available to Federal employees.

### **Changes in Schools/Programs**

Changes in schools or nursing programs are strongly discouraged once the applicant has been accepted into the NSP. Changes in schools/programs must be approved, in advance by the Program, to ensure continued eligibility for funding. Funding will be based on the initial school of record for all school year contracts executed during Fiscal Year 2009. For example, if the 2009-2010 tuition of the initial school of record is \$10,000 and the tuition of the proposed transfer school is \$15,000, then the NSP may not have the additional funding of \$5,000 to pay the scholar's full tuition at the proposed transfer school. Therefore, students should carefully consider the financial implications of school/program transfers.

### **Taxation of the Nursing Scholarship**

All NSP payments made to scholars, or on their behalf to nursing schools, are taxable (26 USC 117(c)). Although payments of tuition and fees are made directly to the nursing school, the student is liable for taxes owed on these amounts. The NSP withholds Federal income taxes from the stipend payments and ORC based on the entire amount of the NSP award (tuition, fees, ORC and stipends) and information provided on the W-4 by the scholar. Students who want additional funds deducted from the stipend amount should indicate the additional amount to be deducted on the appropriate line on the W-4 form and please include the hard copy of the W-4 form with the supporting documentation. We advise students to consult their local tax authority regarding State or local taxes for which they may be liable, as State and local income taxes will not be withheld. It is the responsibility of the scholarship recipient to arrange for the payment of any additional Federal, State, and local taxes that may be owed. Each year, students will receive a 1099 tax form for amounts paid for tuition and fees and a W-2 tax form for amounts paid for stipend and ORC.

### **Treasury Offset Program**

Under the Treasury Offset Program, the Treasury Department is authorized to offset a student's Nursing Scholarship payments, if the student is delinquent on a Federal debt. In addition, the Treasury Department is authorized to offset Nursing Scholarship payments for application to the student's State debts, including delinquent child support payments.

### **Non-Delinquency of Child Support Order**

In keeping with the President's Executive Orders concerning compliance with child support orders, the NSP stresses the importance of honoring any child support obligations the applicant may have. Federal payments to a participant may be offset due to delinquencies in court-ordered child support payments.

### **Termination of Contract**

The Secretary of Health and Human Services or his/her designee may terminate a NSP Contract for a school year if the recipient, on or before June 1 of the school year: 1) submits a written request to terminate his or her contract for that school year; **and** 2) repays all amounts paid to, or on behalf of, that recipient for that school year. If a scholarship recipient does not meet these requirements, he or she will incur a service commitment for the full or partial year of support received, as set forth in the "[Fulfilling the Service Commitment](#)" Section of this Bulletin.

### **Discontinuation of Benefits**

The NSP will discontinue the payment of all benefits under the following circumstances:

- 1) While the recipient is on a leave of absence (for personal, medical or other reasons) which has been approved by the school;
- 2) While the recipient is repeating course work for which the NSP has already paid [Exception: If the student's repeat course work is in addition to new course work and the new course work (excluding the repeated courses) is of sufficient credit hours to meet the definition of full-time student (for participants who signed "Full-Time Student" Contracts) (or the definition of part-time student for participants who sign "Part-Time Student" Contracts), then payment of the monthly stipend will continue, but the NSP will not pay for the course work being repeated;
- 3) If the recipient withdraws or is dismissed from school. Moreover, the recipient's withdrawal or dismissal from school is also a breach of the scholarship contract, and the recipient will be liable to repay the amount described in the "[Defaulting on the Scholarship Commitment – Breach of Contract](#)" section of this *Bulletin*
- 4) If the recipient is enrolled as a less than full-time student (for participants who signed "Full-Time Student" Contracts) or as a less than part-time student (for students who sign "Part-time Student" Contracts). This includes participants who voluntarily withdraw from courses during a semester/quarter and no longer meet the definition of a full-time or part-time student under their applicable Contract;
- 5) If the recipient transfers to an ineligible school or program or did not get prior approval from the program, the result may be a discontinuation of benefits and possible default. Prior to any transfer, it is the recipient's responsibility to contact the NSP in writing at the Division of Scholar and Clinician Support, 5600 Fishers Lane, 8A-15, Rockville, Maryland 20857 to determine his or her eligibility and to receive approval to continue to receive benefits at the new school/program.

A recipient is required to notify the Division of Scholar and Clinician Support promptly, by phone and in writing, as soon as one of the following events is anticipated:

- repeat course work;
- a change in the applicant's graduation date;
- a leave of absence approved by the school;
- withdrawal or dismissal from school;
- a change from full-time student status to a less than full-time student status for participants who sign "Full-Time Student" Contracts (a change from part-time student status to less than part-time student status for participants who sign "Part-time Student" Contracts);
- voluntary withdrawal from courses during an academic term; or
- a transfer to another school or program.

The NSP needs to know in advance that the above events may occur, so that timely action can be taken to discontinue or decrease payments (and avoid overpayments), where applicable. The recipient must also submit a letter from the school verifying that one of these events has occurred to the:

Division of Scholar and Clinician Support  
5600 Fishers Lane, 8-15  
Rockville, Maryland 20857

**Please be advised that if the NSP has any questions concerning a participant's eligibility for continued support, the NSP may delay the payment of all benefits to that participant pending clarification of the participant's eligibility status.**

### **Collection of Benefit Overpayments**

Scholarship Program payment(s) received by a recipient, including payment(s) made to a school on the recipient's behalf, during the periods while the recipient is on an approved leave of absence, is repeating course work, or is otherwise ineligible to receive payments, are considered overpayments. Overpayments may also occur due to administrative error. A participant receiving an overpayment should immediately telephone the Scholarship Support Branch and follow up in writing to make arrangements to promptly return all overpayment(s) to avoid interest accrual and debt collection procedures.

Debt collection procedures include sending delinquent overpayments to a debt collection agency, reporting the overpayments to credit reporting agencies, offsetting Federal and/or State payments due to the participant (e.g., IRS income tax refund) to collect the overpayments, recovery through Administrative Wage Garnishment, and referral of the overpayments to the Department of Justice for enforced collection. For scholars who receive subsequent funding under the NSP and who previously received any overpayments which have not been repaid, the overpayments will be collected through administrative offset. The NSP will withhold scholarship funds payable to, or on behalf of, the recipient (including stipends, ORC, and, if necessary, tuition payments) until the overpayment owed is paid in full. Administrative offset is not a repayment option for scholars who wish to terminate a contract.

### **Resumption of Benefits**

To resume benefits under existing scholarship contracts, the recipient must submit documentation from a school official confirming that he/she is now eligible to receive scholarship support (e.g., is no longer repeating course work, has returned from a leave of absence, has resumed full-time student status, and the transfer school/program is eligible). Requests for the resumption of scholarship benefits will be considered on a case-by-case basis by the designee of the Secretary of the Health and Human Services, to determine the recipient's eligibility to restart funding. For recipients who have not repaid overpayments previously received, the resumption of scholarship benefits will be subject to the administrative offset described in the "[Collection of Benefit Overpayments](#)" section of this *Bulletin*. For recipients whose benefits were discontinued due to their withdrawal or dismissal from school or due to their transfer to an ineligible program or school, benefits will not be resumed.

### **Effect on Veterans Benefits**

Educational benefits from the Department of Veterans Affairs (G.I. Bill) continue along with NSP funds, since these benefits were earned by prior active duty in a uniformed service.

### **Continuing Support after the 2009-2010 School Year**

The NSP award and contract will be for the 2009-2010 school year and additional school years (Optional Contracts) requested by the applicant and agreed to by the Secretary of Health and Human Services or his/her designee as indicated on the signed contracts. Support will be paid for the years agreed to in the contracts, based on the costs of the initial school of record, provided the student remains eligible to receive NSP support.

If a student signs a contract for only one (1) year of support (2009-2010 school year), his/her scholarship support will be terminated at the end of the 2009-2010 school year (on June 30, 2010). Should the student subsequently decide that he/she would like additional scholarship

support for the next school year (2010-2011) and any subsequent school years through graduation, the student must submit a new Verification Report/Data Collection Form and a signed contract for that school year and, if desired, Optional Contracts for subsequent school years through graduation-subject to the 4 year limit on school years of scholarship support. Awards limited to 4 school years. "[Awards Limited to 4 School Years](#)" in this *Bulletin*.

**Please be advised that since a recipient will incur a 2-year service commitment for one (1) school year of support, it may be in the best interest of the student to sign contracts for 2 years of support, if the student will need scholarship support for all or part of the 2010-2011 school year.** The Verification Report/Data Collection Form and the signed contract(s) must be received by no later than May 7 of the year in which support would be continued.

The granting of continuation awards depends upon the:

- 1) availability of funds for the NSP;
- 2) current or former participant's continued eligibility to participate in the NSP (good academic standing, not repeating coursework, etc.). *Please be advised that a credit check will be conducted as part of the eligibility process;*
- 3) limitations set forth in "[Awards Limited to 4 School Years](#)" in this Bulletin;
- 4) current or former participant's compliance with procedures established by the NSP for requesting continued support; and
- 5) participant's past compliance with program policies and requirements. Participants who are requesting continued support must be able to financially support themselves until the scholarship benefits payment schedule can be reinstated.

## **FULFILLING THE SERVICE COMMITMENT**

### **Years of Service Owed**

*Participants who sign "Full-Time Student" Contracts* incur one (1) year of full-time obligated service for each full or partial school year of support received, with a minimum 2-year full-time service obligation. For example, a student who receives a full year of support (12 months) the first school year, a partial year of support (6 months) the second school year, and a full year of support the third school year will owe the equivalent of 3 years of full-time clinical service.

*Participants who sign "Part-Time Student" Contracts* incur a 2-year service obligation or the part-time equivalent of one year for each school year the participant receives a scholarship, whichever is greater.

### **Full-Time or Part-Time Clinical Service**

Participants may satisfy their service obligations on either a full-time or part-time basis:

- Full-time clinical practice is defined as a minimum of 32 hours per week for a minimum of 45 weeks per year. At least 26 hours per week must be spent providing clinical services to patients.
- Part-time clinical practice is defined as a minimum of 16 hours per week and up to a maximum of 31 hours per week, for a minimum of 45 weeks per year. At least 80% of the hours each week must be spent providing clinical services to patients. (For example, a nurse scheduled to work 20 hours per week must spend at least 16 hours per week providing clinical services).

No more than 7 weeks (28 work days) per service year can be spent away from the approved practice site for vacation, holidays, continuing education, illness, maternity, or any other reason. For consecutive periods of absences greater than 7 weeks in a 52-week service year, the participant should request a suspension. See “[Waiver, Suspension, or Cancellation of the Commitment](#).” A break in service will extend the service obligation end date.

Participants wishing to serve part-time must obtain approval from the NSP and must agree to extend their service obligation so that the aggregate amount of service performed will equal the amount of a full-time service obligation. See “[Ending Date of Obligated Service](#)” below for an explanation of how the length of the part-time service obligation is determined. Requests to pursue part-time service at less than 16 hours per week will not be approved.

### **NSP Service Sites**

NSP participants must provide full-time or part-time clinical service in a health care facility with a critical shortage of nurses located in a State. By statute, eligible health care facilities include:

- A) Ambulatory Surgical Centers;
- B) Federally Qualified Health Centers (including Look Alike Health Centers);
- C) Home Health Agencies;
- D) Hospice Programs;
- E) Hospitals;
- F) Indian Health Service Health Centers;
- G) Native Hawaiian Health Centers;
- H) Nursing Homes;
- I) Rural Health Clinics;
- J) Skilled Nursing Facilities; and
- K) State or local Public Health Departments including Public Health Clinics within the Departments

See [glossary](#) for definitions of State and health care facility types set forth above.

Ineligible sites include but are not limited to:

- A) Assisted Living Facilities.
- B) Free Standing Clinics that do not qualify as one of the above critical shortage facilities;
- C) Private Practice Offices; and
- D) Renal Dialysis Centers.

### **Service Placement Process**

Recipients will have up to 6 months from their date of graduation to: 1) obtain a nursing license and 2) accept an offer of employment from an NSP-approved facility. Recipients will have up to 3 months following the date of the acceptance of such job offer to commence full-time (or if approved, part-time) clinical services at the facility.

Recipients should contact the Scholar Support Branch of the Division of Scholar and Clinician Support at 1-800-221-9393 prior to accepting employment to assure facility/position eligibility. The NSP reserves the right to grant final approval of all service locations, in order to insure a scholar's compliance with statutory requirements related to the service obligation. Once employment begins, scholars are required to submit an initial Employment Certification Form and submit a employment verification form every 6 months thereafter until the service obligation is completed.

Recipients who fail to accept an offer of employment from an NSP-approved eligible facility within 6 months of their date of graduation, or who fail to start service within 3 months of the date of their acceptance of such offer of employment, may be recommended for default of their service obligation. Recipients, who default on their NSP service obligation, incur the **damages** described below in the "[Defaulting on the Scholarship Commitment – Breach of Contract](#)" section.

### **Licensure/Certification Required**

Prior to commencing service, a scholarship recipient *must be permanently licensed to practice as a registered nurse (or if appropriate, as an advanced practice nurse) in the State where he/she will be serving*. Credit towards fulfillment of the scholarship commitment will not be given in the absence of a current, unencumbered permanent license in the State of service. In addition, advanced practice nurses are expected to pass a national certification examination for their specialty (that is administered by a nationally recognized certifying body) prior to commencing service. No service credit will be given until the Division of Scholar and Clinician Support at 5600 Fishers Lane, 8-15, Rockville, Maryland 20857 has received documentation that all licensure and certification requirements have been met.

Responsibility for obtaining the required State license (and national certification exam, if applicable) prior to the service start date rests with the scholarship recipient. Scholars are expected to take the appropriate licensure/certification exams at the earliest possible date. If the recipient is unsuccessful in obtaining a license or passing the certification exams within 6 months of his or her graduation date, the recipient should immediately contact the Scholar Support Branch of the Division of Scholar and Clinician Support, in writing, at 5600 Fishers Lane, 8-15, Rockville, Maryland 20857 to request a suspension. See "[Waiver, Suspension or Cancellation of the Commitment](#)" section in this *Bulletin*.

### **Beginning Date of Service Commitment**

Nurses must begin their service at an NSP-approved eligible facility within 3 months of the date of their acceptance of employment at that facility and within 9 months from the date of graduation. The recipient and an authorized representative of the NSP-approved facility should negotiate a start date within this timeframe.

Credit for service toward the nursing scholarship commitment does not begin until: (1) the scholar has submitted documentation demonstrating that the scholar has met the license/certification requirements; and (2) the NSP receives documentation that the scholar begins to provide full-time (or part-time, if approved) clinical services at a NSP-approved eligible facility/position.

### **Delaying Start of Service**

Recipients with documented, extreme circumstances which jeopardize the start of service may request to suspend their service commitments for up to one (1) year. Such requests must be sent in writing to the Scholar Support Branch of the Division of Scholar and Clinician Support at 5600 Fishers Lane 8-15, Rockville, Maryland 20857 See "[Waiver, Suspension or Cancellation of the Commitment](#)" section in this *Bulletin*.

### **Ending Date of Obligated Service**

For scholars serving on a full-time basis, the last day of the service commitment is calculated by counting the number of days of full-time service owed from the service start date. For example, the last day of service for a recipient with a 3-year service commitment who began service on July 15, 2009, would be July 14, 2012.



Scholars serving on a part-time basis must agree to extend their service obligations so that the aggregate amount of the part-time service performed will equal the amount of their full-time service obligation. For scholars serving on a part-time basis, the length of their service commitment will be determined by dividing 100 by the minimum percentage of the full-time obligation being served and then multiplying that amount by the number of days of full-time service owed. For example, a nursing student owes 2 years (730 days) of full-time service and has signed an employment contract to work a minimum of 20 hours per week. Twenty hours per week represents 62.5% of the full-time service obligation ( $20/32 = .625$  or 62.5 percent). Dividing 100 by 62.5 equals 1.6, and 1.6 multiplied by 730 equals 1,168. Thus, this scholar would owe 1,168 days of part-time service, and the service end date would be 1,168 days from the service start date.

Adjustments to the ending date may be made by the Division of Scholar and Clinician Support if the scholar takes more than the allowable time away from the site (see "[Full-Time or Part-Time Clinical Service](#)") section and if the service is suspended, interrupted, or otherwise delayed.

### **Leaving the Service Site (Changing Jobs)**

Participants are expected to complete their service obligation at their initial service site. Should participants be unable to complete their obligation at their initial NSP service site, they must continue their service at another NSP-approved service site. When a break in service occurs, the participant's service end date will be extended.

When a participant desires a transfer, a written request must be submitted to the Division of Scholar and Clinician Support (DSCS) at 5600 Fishers Lane 8A-15, Rockville, Maryland 20857 for approval. A transfer request should be submitted before the participant leaves his or her current service site. **All transfer sites must be approved by the NSP. Leaving the assigned site without prior written approval by the DSCS may result in a default recommendation.**

### **DEFAULTING ON THE SCHOLARSHIP COMMITMENT: BREACH OF CONTRACT**

If a participant:

- 1) fails to maintain an acceptable level of academic standing in the nursing program;
- 2) is dismissed from the nursing program for disciplinary reasons;
- 3) voluntarily terminates the nursing program; or
- 4) fails to provide health services in an NSP service site for the applicable period of time as specified in his or her NSP contract;  
then the participant will be liable to the Federal Government to:
- 5) repay all funds paid to the participant, or on the participant's behalf, under the NSP and;
- 6) pay interest on such amounts at the maximum legal prevailing rate from the date of default.

The amount owed, including interest, must be paid within 3 years of the date of the participant's default.

### **Delinquent Debt**

Failure to repay the NSP debt within 3 years has the following consequences:

- 1) **The debt will be reported to credit reporting agencies.** — During the three-year repayment period, the debt will be reported to credit reporting agencies as "current." If the debt becomes past due, it will be reported as "delinquent."
- 2) **The debt will be referred to a debt collection agency and the Department of Justice.** — Any NSP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in receiving payment in full, the debt may be referred to the

U.S. Department of Justice for enforced collection.

- 3) **Administrative offset** — Federal and/or State payments due to the participant (e.g., an IRS income tax refund) may be offset by the U.S. Department of Treasury to repay a delinquent NSP debt. Also, recovery through Administrative Wage Garnishment may be enforced to repay a delinquent NSP debt.
- 4) **Medicare/Medicaid Exclusion.** — Delinquent defaulters who are unwilling to enter into, or stay in compliance with, an agreement to repay their scholarship debt can be excluded from participation in Medicare, Medicaid and other Federal health care programs. See section 1128 of the Social Security Act.

### **WAIVER, SUSPENSION OR CANCELLATION OF THE SERVICE OBLIGATION**

Scholarship recipients seeking a waiver (for a permanent situation) or suspension (for a temporary situation) of the service obligation must submit a written request to the Scholar Support Branch of the Division of Scholar and Clinician Support (DSCS) at 5600 Fishers Lane, Room 8A-15, Rockville, Maryland 20857. The request must state the underlying circumstances and be supported by documentation.

Requests for waivers and suspensions are processed and reviewed by the Legal and Compliance Office (LCO). Waivers (or suspensions) of the service obligation may be granted by the LCO, whenever compliance by the individual would be **impossible (or temporarily impossible)**, or would involve **extreme hardship (or temporary extreme hardship)** to the individual and would be against equity and good conscience to enforce.

Compliance would be considered impossible if the LCO, determines that the participant suffers from a physical or mental disability resulting in his/her inability to perform the commitment incurred.

To determine whether performance of the obligation would impose an extreme hardship and be against equity and good conscience, the LCO, will consider: (1) the recipient's present financial resources and obligations; (2) the recipient's estimated future financial resources and obligations; and (3) the extent to which the recipient has problems of a personal nature, such as physical or mental disability, or terminal illness in the immediate family, which so intrude on the recipient's present and future ability to perform as to raise a presumption that the individual would be unable to perform the obligation incurred.

In the unfortunate event of a scholarship recipient's death, any commitment to the NSP **is canceled upon submission of documentation to the Division of Scholar and Clinician Support.**

**DEADLINE**

All applicants, regardless of funding preference, must submit an online application by 5:00 p.m., ET on May 14, 2009. Applications completed online are considered formally submitted when the applicant electronically submits the application to BCRS.

For applicants meeting the first funding preference, the BCRSIS banking information must be submitted online by 5:00 p.m., ET on May 14, 2009, and all required supporting documentation must be postmarked by May 14, 2009. Supporting documentation should be mailed to:

Nursing Scholarship Program  
c/o HRSA Call Center  
12530 Parklawn Drive, Suite 350  
Rockville, MD 20852

It is incumbent on the applicant to ensure that the applicable deadlines are met. For applicants meeting the first funding preference, BCRS will not consider additional information and/or materials submitted after the deadline and will not accept the resubmission of incomplete, rejected or otherwise incomplete applications after the deadline.

**POWER-OF-ATTORNEY**

If you are submitting and executing an application on behalf of another person, it is mandatory that a copy of the agreement granting you Power-of-Attorney to act for the applicant be submitted with the application materials.

## SECTION II. GLOSSARY OF TERMS

**CONTRACT** - A written contract under Section 846(d) of the Public Health Service Act, as amended, for a school year pursuant to which (1) the individual agrees to serve as a nurse for a period of not less than 2 years at a health care facility with a critical shortage of nurses and (2) the Federal government agrees to provide the individual with a scholarship, for attendance at a school of nursing during that school year.

**FULL-TIME CLINICAL PRACTICE** - Full-time clinical practice is defined as a minimum of 32 hours per week for a minimum of 45 weeks per year. At least 26 hours per week must be spent providing clinical services to patients. No more than 7 weeks (28 work days) per service year can be spent away from the approved practice site for vacation, holidays, continuing education, illness, maternity, or any other reason. Absences of greater than 7 weeks in a 52-week service year will extend the service obligation end date.

**FULL-TIME STUDENT** - A student will be considered full-time if the student meets the nursing school program's definition of a full-time student.

**FUNDING PREFERENCE** - Funding preference is defined as the funding of a specific category or group of approved applicants ahead of other categories or groups of approved applicants.

**HEALTH CARE FACILITY** - A health care facility is one of the following:

- A) **Indian Health Service Health Center** - A health care facility (whether operated directly by the Indian Health Service or operated by a tribe or tribal organization, contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act), which is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to persons of Indian or Alaskan Native descent as described in 42 CFR Section 136.12.
- B) **Native Hawaiian Health Center** - An entity (a) which is organized under the laws of the State of Hawaii; (b) which provides or arranges for health care services through practitioners licensed by the State of Hawaii, where licensure requirements are applicable; (c) which is a public or nonprofit private entity; and (d) in which Native Hawaiian health practitioners significantly participate in the planning, management, monitoring, and evaluation of health services. See the Native Hawaiian Health Care Act of 1988 (P.L. 100-579), as amended by P.L. 102-396.
- C) **Hospital** - Any public or nonprofit private or for profit private entity in a State that is primarily engaged in providing, by or under the supervision of physicians, to inpatients (a) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons. Hospital-based outpatient services are included under this definition.
- D) **Federally Qualified Health Center** - An entity receiving a grant, or funding from a grant, or meets the requirements for receiving (but does not receive) a grant under section 330 of the Public Health Service Act, as amended, to provide primary health services and other related services to a population that is medically underserved.

FQHCs include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Health Centers, Public Housing Primary Health Care Centers and FQHC Look-Alikes.

- E) **Rural Health Clinic** - An entity which the Centers for Medicare and Medicaid Services has certified as a rural health clinic under section 1861(aa)(2) of the Social Security Act. A rural health clinic provides outpatient services to a non-urban area with an insufficient number of health care practitioners.
- F) **Nursing Home** - An institution (or a distinct part of an institution), certified under section 1919(a) of the Social Security Act, which is primarily engaged in providing, on a regular basis, health-related care and service to individuals who because of their mental or physical condition require care and service (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.
- G) **Home Health Agency** - A public agency or private organization, certified under section 1861(o) of the Social Security Act, which is primarily engaged in providing skilled nursing care and other therapeutic services.
- H) **Hospice Program** - A public agency or private organization, certified under section 1861(dd)(2) of the Social Security Act, which provides 24-hour care and treatment services (as needed) to terminally ill individuals and their families. This care is provided in individuals' homes, on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization.
- I) **State or Local Public Health Department including a Public Health Clinic within the Departments** - The State, county, parish or district entity in a State that is responsible for providing population focused health services which include health promotion, disease prevention and intervention services provided in clinics that are operated by the health department.
- J) **Skilled Nursing Facility** - An institution (or a distinct part of an institution), certified under section 1819(a) of the Social Security Act, which is primarily engaged in providing skilled nursing care and related services to residents requiring medical, rehabilitation or nursing care and is not primary for the care and treatment of mental diseases.
- K) **Ambulatory Surgical Center** - An entity in a State that provides surgical services to individuals on an outpatient basis and is not owned or operated by a hospital.

**LEAVE OF ABSENCE** - A period of approved absence from a course of study granted to a student by his or her nursing school for medical, personal, and other reasons. The leave of absence is usually granted for a period of 1 year or less. When a leave of absence is expected, a scholar is required to notify the Division of Scholar and Clinician Support, Scholar Support Branch immediately, in writing, and submit a letter from the school approving the leave of absence and indicating the start and end dates for the period of the absence. Payment of all

benefits is discontinued when a scholar is on an approved leave of absence, and may be resumed when the student returns to the course of study for which the scholarship was awarded.

**PART-TIME CLINICAL PRACTICE** - Part-time clinical practice is defined as a minimum of 16 hours per week and up to a maximum of 31 hours per week, for a minimum of 45 weeks per year. At least 80% of the hours each week must be spent providing clinical services to patients. No more than 7 weeks (28 work days) per service year can be spent away from the approved practice site for vacation, holidays, continuing education, illness, maternity, or any other reason. Absences of greater than 7 weeks in a 52-week service year will extend the service obligation end date.

**PART-TIME STUDENT** - A less than full-time student will be considered part-time if the student is enrolled on at least a half-time basis (i.e., the student is taking a sufficient number of credit hours to meet or exceed 50% of the credit hours required by the nursing school program to be a full-time student).

**QUALIFIED APPLICANT** - A person who meets all of the eligibility requirements set forth in this Applicant Information Bulletin.

**SCHOOL OF NURSING** - The term 'school of nursing' means an accredited collegiate, associate degree, or diploma school of nursing in a State.

#### **SCHOOL YEAR**

All NSP scholarship contracts are for a specific year. Under the NSP, all school years run from July 1 through June 30. If, for example, a student is in a 24-month program that begins on August 3, 2009, and he/she signs contracts for 2 school years, the student will receive stipend, ORC and tuition payments through June 30, 2011. Funding for the extra months of the program beyond June 30, 2011, would require a request for a third year of scholarship funding, and if granted, obligates the recipient to 3 full years of service commitment. If a student is in a 24-month program that begins on May 3, 2009, and he/she signs contracts for 2 school years, the student will receive a stipend, ORC and tuition payments from July 1, 2009, through June 30, 2011, or the month the recipient completes the required classes for graduation, whichever comes first.

**STATE** - Includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia.

**SUSPENSION** - Is a temporary status. The basis for a suspension would be a medical condition or a personal situation that: 1) would make it temporarily impossible to continue the service commitment or payment of the monetary debt, or 2) would temporarily involve an extreme hardship to the individual and enforcement of the service or payment commitment would be against equity and good conscience. All requests for a suspension must be submitted, in writing, to the Division of Scholar and Clinician Support and be supported by full medical and/or financial documentation.

**THE SECRETARY** - The Secretary of Health and Human Services, and any other officer or employee of the U.S. Department of Health and Human Services to whom the authority to administer the NSP has been delegated.

**UNDERGRADUATE NURSING PROGRAM** – Any school of nursing program in which the student will receive a Diploma, Associate, or Baccalaureate degree (see a description of these programs in Section 1 “[Applicant Eligibility](#).”

**GRADUATE NURSING PROGRAM** – Any department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college of university is accredited.

**UNENCUMBERED LICENSE** – A license is unencumbered if it is not revoked, suspended, or made probationary or conditional by a licensing or registering authority in the applicable jurisdiction as the result of disciplinary action.

**WAIVER** - Is a permanent status. The basis for a waiver would be a permanent medical condition or personal situation that: 1) would make it impossible for the individual to serve the commitment or pay the debt, or 2) would involve an extreme hardship to the individual and enforcement of the service of payment commitment would be against equity and good conscience. All requests for a waiver must be submitted in writing to the Division of Scholar and Clinician Support and be supported by full medical and financial documentation.

### SECTION III. SUMMARY OF IMPORTANT DEADLINES

ACTIVITIES	IMPORTANT DEADLINES
Submit NSP Application Online (All applicants)	May 14, 2009 at 5:00 p.m. ET
Submit and Print Receipt - BCRSIS Online Banking Form (First funding preference applicants only)	May 14, 2009 at 5:00 p.m. ET
Submit All Supporting Documents (see Checklist) (First funding preference applicants only)	Postmarked by May 14, 2009
Notify applicant of award	September 30, 2009
Notify applicant of selection as alternate	September 30, 2009
Notify applicant of non-selection for a scholarship award	October 30, 2009



## SECTION IV. SUPPORTING DOCUMENTS

For first funding preference applicants, all the supporting documents described in this Bulletin, except as noted on the Checklist (Banking Information), must be mailed to:

Nursing Scholarship Program  
c/o HRSA Call Center  
12530 Parklawn Drive, Suite 350  
Rockville, MD 20852

and must be postmarked by the **May 14, 2009** application deadline. Samples of the referenced forms follow.

All questions should be directed to the HRSA Call Center at: [CallCenter@hrsa.gov](mailto:CallCenter@hrsa.gov) or phone 1-800-221-9393, weekdays 9:00 a.m. to 5:30 p.m. ET.

If sufficient funds are available to make awards beyond the first funding preference, additional applicants will be notified and given an opportunity to provide the supporting documentation.

## NSP CHECKLIST FOR COMPLETING THE APPLICATION

The first item listed below must be completed by all applicants, regardless of funding preference. The remaining items must be submitted only by first funding preference applicants. Except as otherwise noted below, the documents must be received by the NSP or be postmarked by the **May 14, 2009, deadline.**

- 1. **Online Application** (submitted electronically by 5:00 p.m. ET on May 14, 2009)- Be sure to submit your application by the due date.
- 2. **Scholarship contract** - Signed in ink, and dated. Sign on each line for each school year you are requesting support.
- 3. **Authorization to Release Information Letter** - Be sure to complete and sign the authorization letter.
- 4. **Verification of Acceptance/Good Standing Report and Data Collection Worksheet** – Must be completed by school official and include school seal or stamp. If there are contingencies to acceptance noted on the Verification of Acceptance/Good Standing Report, documentation that the contingencies have been met must be provided.
- 5. **Proof of Citizenship** - Each applicant is required to submit evidence of your U.S. citizenship or status as a U.S. National (e.g., a copy of a birth certificate, a certificate of citizenship, passport or naturalization certificate).
- 6. **Online BCRSIS Banking Information** - (submitted electronically by 5:00 p.m. ET on May 14, 2009). Submit banking information electronically through BCRSIS.
- 7. **BCRSIS Receipt of Submission** – Be sure to print a copy of the completed “BCRSIS Receipt of Submission” by 5:00 p.m. ET and submit with supporting documents. If you are unable to print a copy of the “BCRSIS Receipt of Submission”, please complete the following 2 steps: (1) Contact the HRSA Call Center to log a help-ticket toll-free at 1-800-221-9393 (TTY: 1-877-897-9910), Monday-Friday (except Federal Holidays), 9:00 a.m. to 5:30 p.m. ET; and (2) Complete the Banking Update Form found at <https://www.fms.treas.gov/efit/1199a.pdf>. The completed form must be received or postmarked by May 14, 2009. Please mail the completed form to: Division of Applications and Awards, Scholarship Branch, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.
- 8. **Power-of-Attorney** - This document must be submitted if you are submitting an application on behalf of another person.
- 9. **Tuition and Fees Schedule for 2009-2010 School Year** - A copy of your school’s 2009-2010 tuition/fees schedule or most recent tuition/fees schedule.
- 10. **Student Aid Report (SAR)** – This is obtained when you submit the Department of Education’s Free Application for Federal Student Aid (FAFSA). Please note that it takes a minimum of 2 weeks to receive the official SAR.
- 11. **Form W-4** – Completed and submitted for appropriate tax deductions by 5:00 p.m. ET on May 14, 2009, and a copy of the Form W-4 must be received or postmarked by May 14, 2009.
- 12. **Letter**, on business letterhead, from entity to which existing service obligation is owed (if applicable) indicating the date the service obligation will be complete.
- 13. **Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form**

**NURSING SCHOLARSHIP PROGRAM**  
**VERIFICATION OF ACCEPTANCE/GOOD STANDING REPORT**  
**DATA COLLECTION WORKSHEET FOR TUITION AND FEES**  
*(For School Use Only)*

Date: \_\_\_\_\_

**This Verification of Acceptance/Good Standing Report certifies that the student identified below has been accepted for admission in the school of nursing and is enrolled in good standing for the 2009-2010 school year as indicated.**

1. Name of Student: \_\_\_\_\_
2. Student's Social Security Number: \_\_\_\_\_
3. Nursing Program in which student is accepted/enrolled:  
 Associate       Diploma       Baccalaureate       Masters       Doctoral
4. Length of Full-Time Nursing Program (Years Only): \_\_\_\_\_
5. Is the student considered Full-Time in the nursing program?       Yes       No
6. Check year in which the student will be/is enrolled in the nursing program for the 2009-2010 Fall term:  
 1<sup>st</sup>       2<sup>nd</sup>       3<sup>rd</sup>       4<sup>th</sup>
7. Enter the month and year the applicant first entered or will enter the program for which funding is being requested.    \_\_\_\_ Month    \_\_\_\_ Year
8. Date classes start for the **Fall Term** for 2009-2010 school year: \_\_\_\_\_  
mm/yyyy
9. Date student is expected to graduate: \_\_\_\_\_  
mm/yyyy
10. Is there a contingency to student's acceptance?     Yes       No  
If YES, please explain: \_\_\_\_\_

---

*(All contingencies must be met by the start of the Fall 2009-2010 term)*

11. **NAME OF SCHOOL:** \_\_\_\_\_
12. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_
13. **SCHOOL'S EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_  
(Also known as Federal tax ID)
14. **CONTACT INFORMATION FOR SCHOOL OF NURSING OFFICIAL COMPLETING THIS FORM:**  
**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

**DATA COLLECTION WORKSHEET FOR TUITION AND FEES**

15. Check the nursing program for which the data is submitted (check only one):

- Associate       Diploma       Baccalaureate       Masters       Doctoral

16. Is summer school an academic term normally required for all students in the nursing program?

- Yes       No

**INSTRUCTIONS:** Please provide the cost of tuition and fees for **school year 2009-2010** for each year of the nursing program regardless of the number of years the student requires to complete the program. Provide the resident (in-state) and non-resident (out-of-state) tuition cost that students will be charged. The tuition amount should reflect the total amount required for school year 2009-2010 for the specified nursing program.

Tuition and fee amounts will be paid directly to the school, on behalf of the scholar. Therefore, it is essential that you **only enter the total amount** for eligible fees (see below) that all students in the same program and class year incur regardless of the source of funding.

**TUITION AND REQUIRED FEES COST FOR  
SCHOOL YEAR 2009-2010**

	Student in 1 <sup>st</sup> Year of Program	Student in 2 <sup>nd</sup> Year of Program	Student in 3 <sup>rd</sup> Year of Program	Student in 4 <sup>th</sup> Year of Program
<b>Resident Tuition</b>	_____	_____	_____	_____
<b>Non-Resident Tuition</b>	_____	_____	_____	_____
<b>All Fees</b>	_____	_____	_____	_____

NOTE: If a student is selected to receive a Nursing Scholarship Program award, the amounts reported above will be used to determine the amount obligated for tuition and fees under that award, for the duration of the scholarship award. Failure to provide accurate information may result in insufficient funding. The Scholarship Program’s ability to pay for increased costs will be subject to the availability of funds.

*Certification: I certify that the information provided on this Verification of Acceptance/Good Standing Report and the Data Collection Worksheet for Tuition and Fees is accurate and complete to the best of my knowledge and belief. I understand that any willfully false statements made herein may be investigated and may be punishable as a felony under U.S. Code, Title 18, Section 1001.*

\_\_\_\_\_  
**Signature of Nursing School Official**

\_\_\_\_\_  
**Date**

**THIS REPORT MUST HAVE THE SCHOOL’S RAISED SEAL OR STAMP ON IT TO BE ACCEPTED.**

**MAIL TO:** Nursing Scholarship Program- c/o HRSA Call Center  
12530 Parklawn Drive, Suite 350  
Rockville, MD 20852  
For Questions Call 1-800-221-9393

**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 0915-0301. Public reporting burden for the applicant for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 14-33, Rockville, MD 20857.

FORM APPROVED  
OMB No. 0915-0301  
Expires 07/31/2009

**NOTE: IF THE SUPPORTING INFORMATION IS NOT POSTMARKED BY THE MAY 14, 2009 DUE DATE OR THERE ARE DISCREPANCIES BETWEEN THE INFORMATION ON THE ON-LINE APPLICATION AND THE VERIFICATION OF ACCEPTANCE/GOOD STANDING REPORT, YOUR APPLICATION WILL BE DEEMED INELIGIBLE AND WILL NOT BE CONSIDERED FOR AN NSP AWARD.**

**NURSING SCHOLARSHIP PROGRAM  
ELIGIBLE AND INELIGIBLE FEES 2009-2010**

**Eligible Fees**

Academic Support Services Fee  
Administrative Fee  
Building or Facility Fees  
Campus Life Fee  
Computer Lab Fee  
Curriculum Fee  
Disability Insurance Fee (Must be required of all students regardless of source of funding)  
Education Fee  
Health Insurance Fee if a charge to all students (for students only) **if it is mandatory that it be purchased through the school by all students**  
Health Services Fee and Immunizations  
Graduation Fee in last year of program  
Laboratory Fees  
Library Fee  
Malpractice Insurance if it is mandatory that it be purchased through the school by all nursing students  
Matriculation Fee  
Recreation Fee  
Student Activities Fee  
Student Services Fee  
Technology Fee  
University Fee

**Ineligible Fees**

Accident Insurance  
Attorney Fee  
Automobiles and Automobile Maintenance Expenses and Accident Insurance  
Books (as they are covered by the Other Reasonable Cost payment)  
Certification Boards  
Class Dues  
Counseling Fees  
Dental Insurance  
Educational Associations  
Financial Aid Trust Funds  
ID Maintenance  
Late Charges  
Life Insurance  
NCLEX Review  
Parking Fee  
Penalty Fees  
Personal Laundry  
Post Office Box Rental  
Room and Board Expenses  
Refundable Property Deposit  
Study Abroad Fees  
Student Association and Union Fee  
Testing Fees  
Transportation Fees  
Yearbook

**NURSING SCHOLARSHIP PROGRAM CONTRACT  
FOR FULL-TIME STUDENT  
SCHOOL YEAR 2009-2010**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION  
BUREAU OF CLINICIAN RECRUITMENT AND SERVICE**

Section 846(d) of the Public Health Service Act (“Act”), as amended by Public Law 107- 205 on August 1, 2002, authorizes the Secretary of Health and Human Services (“Secretary”) to provide applicants selected to be participants in the Nursing Scholarship Program (“Scholarship Program”) with scholarship awards. In return for the awards, applicants must agree to serve for a period of not less than 2 years as nurses in a health care facility with a critical shortage of nurses.

Pursuant to section 846(d)(4) of the Act, applicants are required to submit with their application a signed contract stating the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those contracts submitted by applicants who are selected for participation.

The terms and conditions of participating in the Scholarship Program for the 2009-2010 school year are set forth below.

**Section A - Obligations of the Secretary**

Subject to the availability of funds appropriated by the Congress of the United States for the Nursing Scholarship Program, the Secretary agrees to:

1. Provide the undersigned applicant (“applicant”) with a scholarship award for the school year 2009-2010 during which the applicant:
  - a. is enrolled, or is accepted for enrollment, as a full-time student in an accredited (as determined by the Secretary) school of nursing in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa, the Republic of Palau, the Republic of the Marshall Islands or the Federated States of Micronesia, and
  - b. is pursuing a course of study in a collegiate, associate degree, or diploma school of nursing.

The scholarship award may consist of payments, in whole or in part, for tuition, an amount for all other reasonable educational expenses incurred by the student, and a monthly stipend for the 12-month period beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program. The disbursement of these scholarship payments may be delayed by the Secretary pending receipt of verification, satisfactory to the Secretary, of the applicant’s continued eligibility for scholarship support. Scholarship support will not extend beyond 4 school years or the applicant’s completion of the required classes for graduation, whichever is less.

2. Annually determine the most needy health care facilities with a critical shortage of nurses.

**Section B - Obligations of the Applicant**

The applicant agrees to:

1. Accept the scholarship award provided by the Secretary under Section A.1. of this contract for the school year 2009-2010.
2. Maintain enrollment as a full-time student until completion of the course of study for which the scholarship award is provided.
3. Notify the Scholarship Program promptly in writing as soon as one of the following events is anticipated: repeat course work; a delay in the applicant’s graduation date (e.g., due to a leave of absence approved by the school); a change from full-time student status to a less than full-time student status; withdrawal from courses; a change in school or program; and a withdrawal or dismissal from school.
4. Maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided.
5. Serve one year of full-time obligated service for each school year a scholarship award is provided, with a minimum obligation of 2 years of full-time clinical service.

6. Serve his or her period of obligated service in a healthcare facility with a critical shortage of nurses identified by the Secretary pursuant to Section A.2. of this contract. The service obligation may be fulfilled on a full-time or part-time basis. Full-time service is defined as a minimum of 32 hours per week, for a minimum of 45 weeks per year. Part-time service is defined as a minimum of 16 hours per week up to a maximum of 31 hours per week, for a minimum of 45 weeks per year. Part-time service is subject to approval by the Secretary. The applicant must accept an offer of employment from such healthcare facility within 6-months of the applicant’s date of graduation.
7. If approved by the Secretary to provide part-time service, extend the period of obligated service set forth in paragraph 5 of this Section so that the aggregate amount of service performed will equal the amount of service that would be performed through a period of full-time service.
8. Commence obligated service in accordance with paragraph 6 above, within 3 months of the date of the applicant’s acceptance of an offer of employment from such health care facility or within 9 months of the applicant’s date of graduation from nursing school, whichever occurs first.
9. Undertake service in accord with policies and procedures in effect at the time the service obligation is required to begin.
10. Permit the U.S. Department of Health and Human Services to collect any debt owed by the applicant, as a result of an overpayment of scholarship award payments, through the administrative offset of subsequent scholarship award payments to the applicant under this Contract, an Optional Contract or an Extension Contract, until the debt is paid in full. An overpayment of scholarship award payments occurs when scholarship award payments are made:
  - a) for repeat course work,
  - b) during any period when the applicant is on an approved leave of absence from the school,
  - c) during any period when the applicant is enrolled as a less than full-time student, or
  - d) due to administrative error.
11. Comply with Title 2, Code of Federal Regulations, Part 180, Subpart C (2006), as supplemented by Subpart C of Title 2, Code of Federal Regulations, Part 376 (2007).

**Section C - Breach of Scholarship Contract**

1. If the applicant:
  - a. fails to maintain an acceptable level of academic standing in the nursing program,
  - b. is dismissed from the nursing program for disciplinary reasons,
  - c. voluntarily terminates the nursing program before the completion of such training; or
  - d. fails to provide health services in accordance with Section B of this contract,
 then the applicant shall be liable to the United States to repay all funds paid to the applicant, or on the applicant’s behalf, under this contract, and to pay interest on such amounts at the maximum legal prevailing rate from the date of the applicant’s default.
2. The amount owed under paragraph 1 of this Section must be paid within 3 years of the date of the applicant’s default.

**Section D -Cancellation, Suspension, and Waiver of Obligation**

1. Any service or payment obligation incurred by the applicant under this contract will be canceled upon the applicant’s death.
2. The Secretary may waive or suspend the applicant’s service or payment obligation incurred under this contract if:
  - a. compliance by the applicant with the obligation is impossible or
  - b. compliance would involve extreme hardship and enforcement of such obligation would be unconscionable.

**Section E - Contract Extension**

1. The applicant may annually request extension of this contract, if the request is submitted in accordance with procedures established by the Secretary.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program, the Secretary may approve a request for contract extension if:
  - a. the request does not extend the total period of scholarship award beyond 4 school years;
  - b. the applicant is otherwise eligible for continued participation in the Scholarship Program;
  - c. the applicant has demonstrated past compliance with the

requirements, policies and procedures for participating in the Scholarship Program; and

- d. The applicant has complied with the procedures for requesting continued scholarship support.

**Section F - Contract Termination**

1. The Secretary may terminate this contract with the applicant if, not later than 30 days before the end of the school year to which the contract pertains (i.e., by June 1 of that school year), the applicant:
  - a. submits a written request for such termination and
  - b. repays all amounts paid to, or on behalf of, the applicant under the contract for that school year.

**The Secretary or his/her authorized representative must sign this contract before it becomes effective**

Applicant Name ( <i>Please Print</i> )	Applicant Signature	Date
Secretary of Health and Human Services		Date

**OPTIONAL CONTRACTS**

This Nursing Scholarship Program Contract for the 2009-2010 school year ("2009-2010 Contract") is hereby amended by the Secretary of Health and Human Services and the applicant to provide the applicant with additional scholarship support for the 2010-2011 school year, under the same terms and conditions set forth in the 2009-2010 Contract except to the extent that the terms set forth in the 2009-2010 Contract may be subsequently amended by statute or regulation. Disbursements for the 2010-2011 school year will begin at the start of that school year.

<b>2010-2011 SCHOOL YEAR</b>	Applicant Signature	Secretary Signature
----------------------------------	---------------------	---------------------

This Nursing Scholarship Program Contract for the 2009-2010 school year ("2009-2010 Contract") is hereby amended by the Secretary of Health and Human Services and the applicant to provide the applicant with additional scholarship support for the 2011-2012 school year, under the same terms and conditions set forth in the 2009-2010 Contract except to the extent that the terms set forth in the 2009-2010 Contract may be subsequently amended by statute or regulation. Disbursements for the 2011-2012 school year will begin at the start of that school year.

<b>2011-2012 SCHOOL YEAR</b>	Applicant Signature	Secretary Signature
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This Nursing Scholarship Program Contract for the 2009-2010 school year ("2009-2010 Contract") is hereby amended by the Secretary of Health and Human Services and the applicant to provide the applicant with additional scholarship support for the 2012-2013 school year, under the same terms and conditions set forth in the 2009-2010 Contract except to the extent that the terms set forth in the 2009-2010 Contract may be subsequently amended by statute or regulation. Disbursements for the 2012-2013 school year will begin at the start of that school year.

<b>2012-2013 SCHOOL YEAR</b>	Applicant Signature	Secretary Signature
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HRSA-124 (BACK)  
(Revision 12-08)

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize:  
(Print Name - First, Middle Initial, Last)

- 1) The school where I am accepted for enrollment/am enrolled/was enrolled while applying for and participating in the Nursing Scholarship Program to disclose information pertaining to my school enrollment to the Department of Health and Human Services (DHHS), and/or its contractors. Information pertaining to my school enrollment includes, but is not limited to, my transcripts and grades, my academic standing, my enrollment and degree status, my curriculum and examination requirements for graduation, my tuition and fees, and my leave-of-absence, withdrawal, or dismissal from school. This information will be used by DHHS to determine my eligibility to continue to receive scholarship benefits and the amount of those benefits.
- 2) The entity/entities where I am/was approved to provide service in satisfaction of my Nursing Scholarship Program obligation to disclose to DHHS, and/or its contractors, information pertaining to my compliance with the Nursing scholarship service requirements. Such information includes, but is not limited to, my practice location(s), my practice responsibilities, my work schedule or other documentation indicating the hours that I worked and the hours I was away from the site, records relating to my work performance and (if applicable) the circumstances relating to the termination of my employment at the service location.
- 3) The DHHS, and/or its contractors, to release my name, address(es) and social security number to see if I appear on the Excluded Parties List System.
4. The DHHS, and/or its contractors, to release my name, the professional school I am attending, and my graduation date to health professions associations and to groups which have the responsibility for coordinating funds paid to students from Federal and other sources.
- 5) The DHHS, and/or its contractors, to release my name, address, Social Security number and other information necessary to identify me to a credit reporting agency for the purpose of determining my eligibility to participate in the NSP.

This authorization takes effect on the date I sign this release form. If I do not become a participant, this authorization shall remain in effect until September 30, 2009. If I become a participant, the above authorizations shall remain in effect until the date my Nursing scholarship commitment has been fulfilled or this authorization has been revoked by me in writing.

\_\_\_\_\_  
(Signature of Individual)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Last 4 of Social Security Number)

RETURN TO:

Nursing Scholarship Program  
c/o HRSA Call Center  
12530 Parklawn Drive, Suite 350  
Rockville, Maryland 20852



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS**

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
  
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
  - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
  - violation of Federal or State antitrust statutes; or
  - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
  
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
  
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

**The applicant must sign the certification below which is applicable to his or her situation.**

I, \_\_\_\_\_, certify that **none** of the above statements apply to me.  
(Print Name of Applicant)

**OR**

I, \_\_\_\_\_, certify that **one or more** of the above statements apply to me.  
(Print Name of Applicant)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number