U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Grants Home [ ] Go

☐ Make It Default

HRSA Electronic Handbooks for Applicants/Grantee

Scholarships for Disadvantaged Students

HELP

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Review

home | contact us | questions/comments

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[Print]

Application Tracking # 00064593

SDS Forms

Overview
···· Status
SDS Forms
···· Contact Information
···· Students by Race and Ethnicity
···· Other Information
Review
▶ Review

All Forms

Navigate To
···· Program Specific Information
···· Submit

Logout

View 1 (Same as Guidance) | View 2 (Same as Guidance + SF PPR-2)

PROGRAM SPECIFIC	
Fiscal Year: 2009	**Application Tracking #:** 00064593
Program Type: Allopathic Medicine	

A. FULL-TIME STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEAR 2008-2009 (7/1/08-6/30/09) AND THEIR RACIAL/ETHNIC BACKGROUNDS

Race/Ethnicity	Full-Time Students Enrolled	
	Hispanic/Latino	Non-Hispanic/Non-Latino
a. American Indian/Alaskan Native	0	0
b. Asian - all	0	0
b1. Asian Underrepresented	0	0
c. Black or African American	0	0
d. Native Hawaiian or Other Pacific Islander	0	0
e. White	0	0
f. More than One Race	0	0
Sub Total	0	0
Grand Total (Sum of Hispanic/Latino Students and Non-Hispanic/Non-Latino Students)	0	

B. TOTAL FULL-TIME ENROLLMENT AND FULL-TIME DISADVANRAGED ENROLLMENT BY CLASS YEAR FOR STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEAR 2008-2009 (7/1/08-6/30/09)

Class Year	Total Full-Time Class Enrollment	Total Full-Time Disadvantaged Enrollment

First	0	0
Second	0	0
Third	0	0
Fourth	0	0
Fifth	0	0
Sixth	0	0
Total	0	0
Of the number of full-time disadvantaged, how many are economically disadvantaged?	0	

C. TOTAL NUMBER OF FULL-TIME STUDENTS GRADUATED, TOTAL NUMBER OF FULL-TIME STUDENTS GRADUATED THAT RECEIVED SDS FUNDS, AND NUMBER OF FULL-TIME DISADVANTAGED STUDENTS GRADUATED FROM YOUR PROGRAM FOR ACADEMIC YEAR 2008-2009 (7/1/08-6/30/09)

Total Full-Time Graduates	0
Of the number of full time graduates, number of graduates that received SDS	0
Total Full-Time Disadvantaged Graduates	0
Of the number or full-time disadvantaged, how many are economically disadvantaged?	0

D. GRADUATES FROM YOUR PROGRAM SERVING IN PRIMARY CARE AND/OR MEDICALLY UNDERSERVED COMMUNITIES

Primary Care	
Number of Full-Time Graduates in Primary Care	0
Of the Number of Full-Time Graduates in Primary Care (above), number of Graduates that received SDS	0

Medically Underserved Communities	
Number of Full-Time Graduates in Medically Underserved Communities	0
Of the Number of Full-Time Graduates in Medically Underserved Communities (above), number of Graduates that received SDS	0

E. COST OF TUITION FOR FULL-TIME STUDENTS FOR THIS PROGRAM

Average cost of tuition for one year (average of in-state and out-state) for full-time students for the program	$ 0.00

F. LENGTH OF PROGRAM

Length of time (in years) necessary to complete	4

this program

G. CERTIFICATION AND ELIGIBILITY QUESTIONS

Will preference be given to students for whom the cost of attendance would constitute a severe financial hardship?	**[X]** Yes **[_]** No
Does your program have methods and standards for setting the amounts of scholarships?	**[X]** Yes **[_]** No
Describe the method the program will use to disburse the SDS scholarships to students.	Disburse Directly to Students
How the SDS scholarships will be used?	Tuition

H. POINT OF CONTACT

Name	Martha Harris
Title	
Phone Number	703-944-2132
Email Address	mathh@reisys.com

OMB Approval No.: **0915-0149** Expiration Date: **9/30/2010**

1. Federal Agency and Organization Element to Which Report is Submitted	**2.** Federal Grant or Other Identifying Number Assigned by Federal Agency	**3a.** DUNS #	**800771152**	**4.** Reporting Period End Date
Health Resources and Services Administration (HRSA)	Application #: **00062785**	**3b.** EIN	746000952	6/30/2010

I. REQUESTED AWARD AMOUNT

Award amount requested this budget period	$ 0.00

J. STUDENTS SUPPORTED

How many students do you plan to support with the requested award amount	0

K. PUBLIC OR ANY OTHER NON PROFIT ACCREDITED INSTITUTION

Is your school/program public or any other nonprofit accredited institution?	**[X]** Yes **[_]** No

L. AMERICAN RECOVERY AND REINVENTIMENT ACT (ARRA)

Does your school want to receive funds from the	**[X]** Yes **[_]** No

American Recovery and Reinvestment Act (ARRA)?	

M. ACCREDITATION

Name of Accrediting Body	Liasion Committee on Medical Education
Expiration Date (mm/dd/yyyy)	9/30/2010

SF PPR-2 OMB Approval No.:

[Go to Previous Page]   [Return to Program Specific Information]

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