



HRSA Electronic Handbooks for Applicants/Grantee  
Scholarships for Disadvantaged Students



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**Application Tracking #**  
**00064593**

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| PROGRAM SPECIFIC  |                                  |  |
|---|----------------------------------|--|
| Fiscal Year: 2009   |                                  | Application Tracking #: 00064593         |
| Program Type: Allopathic Medicine   |                                  |  |
| <b>A. FULL-TIME STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEAR 2008-2009 (7/1/08-6/30/09) AND THEIR RACIAL/ETHNIC BACKGROUNDS</b>                                       |                                  |  |
| 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  |
| <b>Sub Total</b>  | 0                                | 0  |
| <b>Grand Total (Sum of Hispanic/Latino Students and Non-Hispanic/Non-Latino Students)</b>   | 0                                |  |
| <b>B. TOTAL FULL-TIME ENROLLMENT AND FULL-TIME DISADVANTAGED ENROLLMENT BY CLASS YEAR FOR STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEAR 2008-2009 (7/1/08-6/30/09)</b> |                                  |  |
| 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 |
| <b>Total</b>   | 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**

|   |   |
|---|---|
| <b>Primary Care</b>   |   |
| 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 |

|  |   |
|--|---|
| <b>Medically Underserved Communities</b>   |   |
| 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? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your program have methods and standards for setting the amounts of scholarships?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

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

**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? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

**L. AMERICAN RECOVERY AND REINVENTMENT ACT (ARRA)**

|   |   |
|---|---|
| Does your school want to receive funds from the | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

|  |   |
|--|---|
| American Recovery and Reinvestment Act (ARRA)? |   |
| <b>M. ACCREDITATION</b>                        |   |
| Name of Accrediting Body                       | Liasion<br>Committee on<br>Medical<br>Education |
| Expiration Date (mm/dd/yyyy)                   | 9/30/2010                                       |
| SF PPR-2 OMB Approval No.:                     |   |

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