

<b>U.S. Department of Health and Human Services National Institutes of Health Undergraduate Scholarship Program (UGSP) – Academic Enrollment Certification and Service Obligation Deferment Request</b>	
<b>Applicant's Instructions</b> – Please complete Section A. Give this form and one of the return envelopes to the Registrar's Office at the school at which you are enrolled starting September 2012.	<b>Academic Institution's Instructions</b> – Please complete Section B and return the form in the envelope provided, or mail to National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2W11A (MSC 0230), Bethesda, Maryland 20892-0230. If you have any questions, call 301-496-2555 or e-mail <ugsp@nih.gov>.
<b>Section A – The applicant completes this section.</b>	
<b>1. Applicant's Name</b> (last, first, middle)	<b>1a. Other Names Used on Official Documents</b> (last, first, middle)
<b>2. Student Identification Number</b>	
<b>3. NIH Badge Number (completed by UGSP office)</b>	
Check One: <input type="checkbox"/> I am enrolled full-time in an accredited Undergraduate Program. University Name _____  OR <input type="checkbox"/> I meet the qualifications for the deferment checked below and request that the NIH Undergraduate Scholarship Program defer my service obligation for the academic period from _____ to _____. <input type="checkbox"/> While I am enrolled full-time in an accredited MEDICAL SCHOOL. <input type="checkbox"/> While I am enrolled full-time in an approved GRADUATE PROGRAM.	
I authorize the institution indicated in Section B to release information about my academic enrollment to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials.  Signature (Sign your full name in ink) _____ Date _____	
<b>Section B – To be completed by Academic Institution Registrar's Office</b>	
I certify, to the best of my knowledge, that the student named above is/was engaged in the program indicated above, and that the student's program meet all the eligibility requirements on this form.  Items (1) and (2) of this section must be completed. The school may attach it's own enrollment certification report listing the required information in lieu of completing this section.	
<b>Certification of Academic Institution Registrar's Office</b>	
The student: (1) Is/was enrolled full-time during the academic period (MM-DD-YYYY) _____ to (MM-DD-YYYY) _____. (2) Is reasonably expected to complete his/her program requirements on (MM-DD-YYYY) _____.  The undersigned institutional representative certifies that, to the best of his/her knowledge, the information reported above is accurate. This Certification should include the school's seal or official stamp.  Name of School _____ Financial Aid Administrator's Name (please print) _____ Title _____ Signature _____ Date _____ Telephone _____ Fax Number _____ Email Address _____	

Public reporting for this collection of information is estimated to average 15 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

### Deferment Request Form – Reverse Side

A deferment is a period during which I have been approved to postpone my service obligation to the National Institutes of Health (NIH).

#### Deferment Eligibility Criteria:

I may defer (postpone) my service obligation while I am:

- Enrolled full-time in an accredited MEDICAL SCHOOL.
- Enrolled full-time in GRADUATE SCHOOL (doctoral-level programs only).

Scholars enrolled in an UNDERGRADUATE DEGREE PROGRAM, please note:

■ Submission of this form certifies your continuing undergraduate enrollment. If you fail to submit this form, the Undergraduate Scholarship Program (UGSP) will assume that you have withdrawn from your undergraduate degree program. Withdrawal from college prior to graduation constitutes a breach of your contract with the NIH.

#### Authorized Certifying Official

- Registrar or authorized school official or designee.

#### Privacy Act Notice

The Privacy Act of 1974 (5 USC 552a) requires that a Federal agency provide the following notification to each individual whom it asks to supply information. This information is contained in the System of Records of the Department of Health and Human Services (DHHS) numbered 09-25- 0165, entitled National Institutes of Health Office of Loan Repayment and Scholarship (OLRS) Records System, HHS/NIH/OD. An update of this system of records was published in the Federal Register on February 8, 2002 (67 Fed. Reg. 6043).

- \* The authority for collection of the requested information is contained in Sections 487A-F and Section 485G of the PHS Act (42USC288-1,2,3,4,5,5a,6; and 42USC287c- 33), and Public Laws 100-607, 101-597, 103-43, 106-310, 106-505, 106-525, and 106-554. The Internal Revenue Code at 26 USC 6109 requires the provision of the Social Security number (SSN) for the receipt of funds.
- \* The principal purposes of information that you, the applicant or participant, furnish are (1) to determine your eligibility for loan repayment or scholarship under Sections 487A-F and Section 485G of the PHS Act, including verification of the existence and purpose of your educational loan(s), and determination of the amount(s) that are eligible for repayment under the NIH Loan Repayment and Scholarship Programs (LRSPs); and (2) to negotiate and verify the transfer of loan repayments, scholarship awards, and tax reimbursements to participants and to the Department of the Treasury (Treasury), Internal Revenue Service (IRS).
- \* The principal purposes of information that you, the lender, furnish are (1) to determine an individual applicant or participant's eligibility for loan repayment under Sections 487A-C, E and F, and Section 485G, of the PHS Act, including verification of the existence and purpose of an individual's educational loan(s), determination of the amount(s) that are eligible for payment under the NIH LRSPs; and (2) to negotiate and verify the transfer of a loan repayment to a participant's loan account.
- \* The principal purposes of the information that you, the undergraduate institution, furnish are (1) to determine an individual applicant or participant's eligibility for scholarship award under Section 487D of the PHS Act, including verification of the amounts of tuition and qualifying educational expenses, including room and board; and (2) to determine an applicant's disadvantaged background status.
- \* While disclosure of the information is not mandatory, you must provide the information requested to obtain loan repayment and scholarship benefits authorized by Sections 487A-F and Section 485G of the PHS Act.
- \* The information you provide will be made available to Federal employees responsible for administering the NIH LRSPs to determine your eligibility for loan repayment and scholarship awards, as described above.
- \* The information you provide will not be disclosed without your consent to anyone outside of DHHS in a manner that identifies you, except as permitted by the Privacy Act.

(See Routine Uses 1-17 for Additional Disclosures.)

- \* Certifying on NIH 2674-1, "Applicant Information," authorizes the disclosure of information that confirms you are not under a service obligation, certifying on NIH 2674- 4, "Loan Information," authorizes the disclosure of information to the lenders and their authorized collection agents to confirm that your loans are current in their repayment status, and certifying on NIH 2674-10, "Institutional Information," authorizes the disclosure of information to the extramural research institutions and their authorized officials to confirm that you are eligible for the loan repayment program and able to fulfill the two-year service obligation.
- \* Certifying on NIH 2762-1, "Undergraduate Scholarship Applicant Information," NIH 2762-2, "Applicant Information:

Recommendation,” and NIH 2762-3, “Undergraduate Institution Certification,” authorizes the disclosure of information to the undergraduate institution to determine your eligibility for participation in the Undergraduate Scholarship Program, to confirm your eligibility for disadvantaged background status and non-delinquent loan status, and to disclose your educational expenses.

Provision of Your Social Security Number Under Public Law 93-579, Section 7(b), Privacy Act of 1974

\* Provision of your SSN is required for participation of the LRSPs. This provision is required, as provided in the Internal Revenue Code 26 USC 6109.

\* Provision of your SSN is needed to verify the financial information provided in your application. Your SSN will be given to the Treasury to disburse Federal funds in connection with the program benefit. Your SSN will be used for identification with the records of the Treasury and DHHS in the event of the loss or theft of repayment checks or scholarship awards or other difficulties arising from this transaction. Your SSN will be given to consumer reporting agencies to obtain a commercial credit report that verifies your ability to repay debts owed to the Federal Government.

\* Your SSN will be disclosed to the IRS when making loan repayments or scholarship awards and tax reimbursement payments to the IRS for the benefits you receive under the LRSPs. Your SSN will be disclosed to the IRS to obtain a current mailing address if you default on your service obligation, and to other Federal agencies, commercial credit bureaus, or collection agencies to offset or collect delinquent debts.

Routine Uses as Permitted by the Privacy Act

\* A Congressional office in response to a written request by the applicant or participant concerning his or her record;

\* The Department of Justice or to a court in the event of litigation;

\* The appropriate agency, whether Federal, foreign, State, local, or tribal, in the event that a system of records indicates a violation or potential violation of law;

\* DHHS contractors for the purpose of processing or refining records, and/or for the purpose of evaluating the programs covered by the system;

\* Private parties such as present and former employers, references listed on application and associated forms, other references, and educational institutions to determine if an applicant is suitable for participation in the NIH LRSPs;

\* A consumer reporting agency (credit bureau) to obtain a commercial credit report to establish an individual's creditworthiness; to assess and verify his or her ability to repay debts owed to the Federal Government; and to determine and verify the eligibility of loans submitted for repayment;

\* Another Federal agency so that the agency can effect a salary offset for debts owed by Federal employees, or so that the agency can effect an authorized administrative offset; or to the IRS to request an individual's current mailing address to locate him or her to collect or compromise debt, or to have a commercial credit report prepared;

\* Another agency that has asked DHHS to effect a salary or administrative offset to help collect a debt owed to the United States;

\* The IRS to find out whether the applicant has a delinquent tax account;

\* The IRS to report as taxable income the written-off portion of a debt owed by an individual to the Federal Government when a debt becomes partly or wholly uncollectible;

\* Debt collection agents, other Federal agencies, and other third parties who are authorized to collect Federal debts and information necessary to identify a delinquent debtor or defaulting participant;

\* Any third party that may have information about a delinquent debtor's or defaulting participant's current address;

\* Other Federal agencies that also provide loan repayment or scholarship at the request of these Federal agencies in conjunction with a matching program conducted by these agencies to detect or curtail fraud and abuse in Federal loan repayment and scholarship programs, and to collect delinquent loans or benefit payments owed to the Federal Government;

\* The IRS to offset any income tax refunds that may be due to the individual against the debt;

\* Other Federal agencies, debt collection agents, and other third parties who are authorized to collect a Federal debt to identify an individual who is delinquent in loan benefit payments owed to the Federal Government and the nature of the debt;

\* Officials or representatives of grantee institutions in connection with the review of a Loan Repayment Program (LRP) application or performance or administration under the terms and conditions of the LRP award; or in connection with problems that might arise in performance or administration of the LRP contract.

\* Designated school coordinators to determine scholarship support, to inform recipients about their service obligations to NIH, and to verify service deferments for certain Undergraduate Scholarship Program participants; and

\* DHHS contractors to recruit, screen, and match health professionals for NIH employment in qualified research positions; and to references, medical licensing boards, and NIH officials to evaluate the applicant's professional qualifications, experience, and suitability.