Create Account

NURSING
SCHOLARSHIP
APPLICATION

Create An Account
required field

Please enter the information below to create your account for the NSP Online Application Form. Once you complete and submit the information, you will have access to login and complete the Online Application Form. To ensure that your application is complete, please refer to the **Application and Program Guidance**.

How did you hear about NSP? *	Other
Other *	
Are you a full-time or part-time student? *	○ Full-time ○ Part-time

Please Note: First Funding Preference will be given to qualified applicants who are enrolled or accepted for enrollment in an accredited undergraduate nursing program or nurse practitioner program as full-time students.

First Name *	
Last Name *	
Middle Initial	
Title	Select
Suffix	Select
Email * ⓘ	
Confirm Email *	
Create Password * ⓘ	
Confirm Password *	
Security Question *	Select
Security Answer *	

CREATE

Log In

NURSING SCHOLARSHIP APPLICATION

NURSING SCHOLARSHIP PROGRAM APPLICATION

Log In

Please log in using the fields below:

Your Email *

Your Password *

forgot your password?

LOGIN

Create an Account

Not a registered user?

Create a Nursing Scholarship Application Account ▶

Note: If you have previously registered to apply for NSP in past application cycles, you will still need to recreate an account.

Questions?

For more information or questions please contact:

● Call Center at **1-800-221-9393**

● TTY for hearing impaired: **1-877-897-9910**

Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or email at **GetHelp@hrsa.gov**.

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"Not Started" Landing Page

Nursing Scholarship Program Application

WELCOME TO THE 2012 NURSING SCHOLARSHIP PROGRAM (NSP) ONLINE APPLICATION

Application ID: **11739**

Thank you for your interest in the Nursing Scholarship Program. Please be sure to carefully read the 2012 **NSP Application and Program Guidance (APG)** before starting the application.

It is recommended that prior to beginning the online application you prepare electronic copies of your essays and the following required supporting documentation. All of these documents can be uploaded online:

- Proof of Citizenship or U.S National/Lawful Permanent
- Authorization to Release Information
- Verification of Acceptance/Good Standing Report
- Academic Official's Letter of Recommendation
- Non-Academic Letter of Recommendation
- Student Aid Report
- Unofficial Transcript
- CV/Resume
- Existing Service Supporting Document (If applicable)

The online application is made up of several sections. The first two sections that must be completed are Assurance and Eligibility. You will not be able to continue with the application if you are found ineligible for a NSP award based on your responses in these two sections. Once you have completed these sections entirely and are found eligible to participate in the program, you will be able to save your information and move on to the General Information section. The system will prevent you from accessing the next section until you have completed all required fields in the prior section. The online application is made up of the following sections after Eligibility:

1. General Information
2. Background Information
3. Degree Information
4. Supporting Documents
5. Self-Certification
6. Review and Submit

Prior to submitting the online application, you will have the opportunity to review your online application. Please do so carefully. Once the application has been submitted, you will not be able to update or change application answers provided. Your final application will be available for review, download, and printing.

Please select "Start My Application" to begin your online application.

The final submission date is **April 24, 2012**. Remember to log into the NSP online application to check the status of your application!

CONTINUE

Assurances

NURSING SCHOLARSHIP APPLICATION

NURSING SCHOLARSHIP PROGRAM APPLICATION

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1 Assurances   2 Eligibility   3 General Information   4 Background Information   5 Degree Information

6 Supporting Documents   7 Self Certification   8 Review & Submit

Assurances
* required field

1. I will provide a minimum of 2 years of full-time (or part-time equivalent) clinical services at an NSP-approved facility. *

○ Accept   ○ Decline

2. My services will begin following graduation from a school of nursing and being permanently licensed to practice as a registered nurse or an advanced practice nurse. * ⓘ

○ Accept   ○ Decline

3. I understand that if I fail to meet the above service requirements, I will be liable to the Federal Government to repay all funds paid to me under the NSP and pay interest on such amounts at the maximum legal prevailing rate from the date of default. *

○ Accept   ○ Decline

CONTINUE

Eligibility

NURSING
SCHOLARSHIP
APPLICATION

NURSING SCHOLARSHIP PROGRAM APPLICATION   Home   **Account Settings**   **Log Out**

1 Assurances   2 Eligibility   3 General Information   4 Background Information   5 Degree Information

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Eligibility
* required field

1. Are you a U.S. Citizen, U.S. National, or Lawful Permanent Resident? *
○ Yes ○ No

2. Do you have any outstanding federal debt or any liens? * ⓘ
○ Yes ○ No

3. Do you have an existing service obligation? * ⓘ
● Yes ○ No

> *Applicants with an existing service obligation will be required to submit a document verifying that their existing service obligation will be completed prior to receipt of a NSP award or proof of membership of a reserve corps/national guard.*
>
> Will your existing service obligation be completed prior to your NSP obligation? *
> ○ Yes ○ No
>
> Are you in a Reserve component of the Armed Forces including the National Guard? *
> ○ Yes ○ No

4. Have you defaulted on any Federal or non-Federal payment obligations (e.g. Health Education Assistance Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans, or court ordered child support)? *
○ Yes ○ No

5. Have you defaulted on a prior service obligation to a federal, state, or local government entity, or other entity? * ⓘ
○ Yes ○ No

6. Have you been accepted by or are you currently enrolled in an accredited nursing school located in a State (including U.S. territories)? *
● Yes ○ No

> Will your class attendance and/or schoolwork for the 2012-2013 school year begin on or before September 30, 2012? *
> ○ Yes ○ No

7. Are you currently enrolled at an accredited Nursing School? *
● Yes ○ No

> Are you in good standing? (i.e. not on academic probation, suspension or other disciplinary action) *
> ○ Yes ○ No

8. Are you in a dual/joint degree program? *
○ Yes ○ No

9. Are you in a bridge program? *
● Yes ○ No

> Is this an RN to BSN bridge program? *
> ○ Yes ○ No

10. Have you ever been dismissed, placed on probation, suspended, or voluntarily withdrawn from a health profession school for academic or disciplinary reasons? *
○ Yes ○ No

SAVE & CONTINUE

"In Progress – Ineligible" Landing Page

NURSING SCHOLARSHIP PROGRAM APPLICATION

Home **Account Settings** **Log Out**

Nursing Scholarship Program Application

WELCOME TO THE 2012 NURSING SCHOLARSHIP PROGRAM (NSP) ONLINE APPLICATION

Your overall Application Status is: **Ineligible**

Application ID: **11739**

Based on the answers you have submitted within the Assurances or Eligibility sections, you do not meet the 2012 Nursing Scholarship Program (NSP) eligibility requirements. To be eligible for a scholarship, an NSP applicant must:

- Accept all Assurance statements
- Be a U.S citizen, U.S national or a Lawful Permanent Resident
- Be enrolled or accepted for enrollment as a full or part-time student
- Be in good standing (i.e. not on academic probation, suspension or other disciplinary action), if currently enrolled in a nursing program
- Begin the nursing degree program on or before September 30, 2012

GO BACK

General Info

NURSING SCHOLARSHIP APPLICATION

NURSING SCHOLARSHIP PROGRAM APPLICATION

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① Assurances ② Eligibility ③ General Information ④ Background Information ⑤ Degree Information

⑥ Supporting Documents ⑦ Self Certification ⑧ Review & Submit

General Information
* required field

1. FULL NAME

First Name *	James
Last Name *	Frank
Middle Initial	
Title	Select
Suffix	Select

2. PREFERRED MAILING ADDRESS

Line 1 *	
Line 2	
Country *	United States
State/Province/Region *	Select
City *	
Zip/Postal Code *	

3. HOME (PERMANENT) ADDRESS

☐ Same as Mailing?

Line 1 *	
Line 2	
Country *	United States
State/Province/Region *	Select
City *	
Zip/Postal Code *	

4. PHONE

☐ My home phone is a non-U.S. #

Home Phone * _____ Ext. _____

☐ My mobile phone is a non-U.S. #

Mobile Phone _____ Ext. _____

4. EMAIL

Preferred *	jfrank@sapient.com
Alternate	

SAVE & CONTINUE

Background Info

NURSING SCHOLARSHIP PROGRAM APPLICATION   **Home**   **Account Settings**   **Log Out**

NURSING
SCHOLARSHIP
APPLICATION

1 Assurances   2 Eligibility   3 General Information   4 Background Information   5 Degree Information

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Background Information
required field

1. PLACE OF BIRTH

Country *   United States

State/Province/Region *   Select

City *

Date of Birth *

2. INDIVIDUAL AND FAMILY BACKGROUND

(Completion of these questions is voluntary)

Please indicate your gender   ○ Male   ○ Female

Please indicate your ethnicity   Select

Please indicate your race   ☐ American Indian or Alaskan Native
                                    ☐ Asian
                                    ☐ Black or African-American
                                    ☐ Native Hawaiian or Other Pacific Islander
                                    ☐ White
                                    ☐ Other

3. BACKGROUND EDUCATION INFORMATION

Highest level of education received *   Select

Year received *   Select

4. SOCIAL SECURITY NUMBER

SSN * ⓘ

5. EMERGENCY/ALTERNATE CONTACT ⓘ

First Name *

Last Name *

Middle Initial

Address Line 1 *

Address Line 2

Country *   United States

State/Province/Region *   Select

City *

Zip/Postal Code *

☐ Home phone is a non-U.S. #

Home Phone *   Ext.

☐ Mobile phone is a non-U.S. #

Mobile Phone   Ext.

SAVE & CONTINUE

Degree Info

NURSING SCHOLARSHIP APPLICATION

① Assurances ② Eligibility ③ General Information ④ Background Information ⑤ Degree Information

⑥ Supporting Documents ⑦ Self Certification ⑧ Review & Submit

Degree Information
* required field

1. DEGREE/CERTIFICATION

Specify the discipline and degree you will receive upon the completion of your program or school.

The discipline and degree you select must be at the accredited school you select in question 2. Selecting a discipline and degree program that is not offered at the school selected, will cause delays in processing your application.

Discipline *   [NURSING ▲▼]

Degree *   [Associate's ▲▼]

2. SCHOOL INFORMATION

If you do not see your school, please contact the Call Center at 1-800-221-9393 (TTY: 1-877-897-9910), or email GetHelp@hrsa.gov to verify the accreditation of your school. If your school is accredited, this information will be updated, then you will be advised to return to the online application and select your school. Please do not select a different school as this will cause delays in processing your application.

State *   [Alabama ▲▼]

School Name *   [Bevill State Community College ▲▼]

Indicate which category you are in at your school *   [Resident/In-State ▲▼]

3. PROGRAM INFORMATION

Time left until completion of program *   [1 ▲▼] years   [4 ▲▼] months

Please enter the start and end dates of **each** year left in your program. Your academic school year must be between July 1st and June 30th. You must start classes on or before September 30th.

Next, please consecutively enter the start and end dates for each school year left in your program. You must indicate which years you are seeking scholarship funding by checking the box 'I am requesting funding for this school year.' Note: NSP will only pay tuition and fees for required courses in summer school when summer school is an academic term normally required by the school for the nursing program.

Year Start Date *   [   ] 📅   Year End Date *   [   ] 📅

☑ I am requesting funding for this school year

Year Start Date *   [   ] 📅   Year End Date *   [   ] 📅

☑ I am requesting funding for this school year

- -

Please review this table to understand the number of years required for service if awarded.

Years of Scholarship Support	Years of Service Obligation
1 - 4 Part-Time School Years (2012-2016)	2 Years Full-Time
1 Full-Time School Years (2012-2013)	2 Years Full-Time
2 Full-Time School Years (2012-2014)	2 Years Full-Time
3 Full-Time School Years (2012-2015)	3 Years Full-Time
4 Full-Time School Years (2012-2016)	4 Years Full-Time

4. EXPECTED FAMILY CONTRIBUTION

Enter your Expected Family Contribution (EFC) as indicated on your Student Aid Report * ⓘ $ [   ]

SAVE & CONTINUE

Supporting Doc

NURSING SCHOLARSHIP PROGRAM APPLICATION   Home | **Account Settings** | **Log Out**

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Supporting Documents

If you have more than one transcript, it is recommended you consolidate all transcripts into one document and then upload that document.

Please note: The following file types are suitable for being uploaded: jpg, doc, pdf, xls & tif

ESSAY QUESTIONS

Please respond to the following three essay-style questions. Each response should be limited to 2,500 characters or less. You must submit a document for each question before continuing.

UPLOAD DOCUMENTS

	Document Title	Document File	Status	Delete
○	Academic Recommendation Letter		Not Received	
○	Authorization to Release Information		Not Received	
○	Essay 1 - Mission of NSP		Not Received	
○	Essay 2 - Experience had at Underserved Areas		Not Received	
○	Essay 3 - Service Committment		Not Received	
○	Non-Academic Recommendation Letter		Not Received	
○	Proof of Citizenship or U.S. National; Lawful Permanent Resident		Not Received	
○	Student Aid Report		Not Received	
○	Transcript		Not Received	
○	Verification of Acceptance/Good Standing		Not Received	
○	Other Supporting Document		Not Received	

Choose File   No file chosen   **Upload**

CONTINUE

Self-Certification

NURSING SCHOLARSHIP PROGRAM APPLICATION

NURSING
SCHOLARSHIP
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6 Supporting Documents 7 Self Certification 8 Review & Submit

Self Certification
* *required field*

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS FORM:

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;

  - 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; or

  - commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects his/her present responsibility

- Is presently indicated 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.

☐ I certify that none of the above statements apply to me. *

☐ I certify that I have read and understand the terms to the **NSP program guidance** *

CONTINUE

Review & Submit

NURSING SCHOLARSHIP PROGRAM APPLICATION   Home   **Account Settings**   Log Out

NURSING SCHOLARSHIP APPLICATION

1 Assurances   2 Eligibility   3 General Information   4 Background Information   5 Degree Information

6 Supporting Documents   7 Self Certification   8 Review & Submit

Review & Submit

Please review each of the sections listed below prior to submitting your application.

Please Note: Once the application has been submitted, you will not be able to update or change your application answers. After submission, your final application will be available to review, download, and print in PDF format on the Home page. The supporting documents you have indicated that will be faxed in will also be listed on the Home page. Once all of your supporting documents are received, your NSP application will proceed to the review process.

Page Name	Status
Assurance	Complete
Eligibility	Complete
General Information	In Progress
Background Information	Not Started
Degree Information	Not Started
Supporting Documents	Not Started
Self Certification	Not Started
Review and Submit	Not Started

I certify that the information given in this application, including supporting documentation uploaded into this application or faxed separately, is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded nursing scholarship, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79)

Password * [   ]

SUBMIT

"Submitted" Landing Page

NURSING SCHOLARSHIP APPLICATION

NURSING SCHOLARSHIP PROGRAM APPLICATION

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Nursing Scholarship Program Application

WELCOME TO THE 2012 NURSING SCHOLARSHIP PROGRAM (NSP) ONLINE APPLICATION

Your overall Application Status is: **Under Review**

Application ID: **11739**

The Nursing Scholarship Program will review, process, and verify your application documents and information. It is each applicant's responsibility to keep their contact information accurate and up to date. If updates are necessary, please make the appropriate changes on the Account Setting page.

Applicants not selected for an award will be notified by September 30, 2012.

View your submitted application

Document Title	Document Name	Submission Method	Status	View Document

Account Settings

NURSING SCHOLARSHIP
SCHOLARSHIP
APPLICATION

NURSING SCHOLARSHIP PROGRAM APPLICATION   Home   **Account Settings**   **Log Out**

Account Settings

◄ **Home**

Application ID: **11739**

ACCOUNT EMAIL ADDRESS

The primary email address for your account is your username. This is also the email address which the Bureau of Clinician and Recruitment Services (BCRS) will use for all communications.

Email Address
jfrank@sapient.com

CHANGE PASSWORD

Current Password *   [   ]

[**Verify Password**]

CHANGE SECURITY INFORMATION

Security Question 🛈   [Select   ▼]
Answer   [   ]
Current Password   [   ]

[**Change Security Information**]

PREFERRED MAILING ADDRESS

Line 1 *   [   ]
Line 2   [   ]
Country *   [United States   ▼]
State/Province/Region * [Select   ▼]
City *   [   ]
Zip/Postal Code *   [   ]

HOME (PERMANENT) ADDRESS

☐ Same as Mailing?
Line 1 *   [   ]
Line 2   [   ]
Country *   [United States   ▼]
State/Province/Region * [Select   ▼]
City *   [   ]
Zip/Postal Code *   [   ]

PHONE

☐ My home phone is a non-U.S. #
Home Phone *   [   ]   Ext. [   ]
☐ My mobile phone is a non-U.S. #
Mobile Phone   [   ]   Ext. [   ]

EMAIL

Preferred *   [jfrank@sapient.com   ]
Alternate   [   ]

EMERGENCY/ALTERNATE CONTACT 🛈

First Name *   [   ]
Last Name *   [   ]
Middle Initial   [   ]
Address Line 1 *   [   ]
Address Line 2   [   ]
Country *   [United States   ▼]
State/Province/Region * [Select   ▼]
City *   [   ]
Zip/Postal Code *   [   ]
☐ Home phone is a non-U.S. #
Home Phone *   [   ]   Ext. [   ]
☐ Mobile phone is a non-U.S. #
Mobile Phone   [   ]   Ext. [   ]

[**SAVE**]

Log Out   Account Settings   FAQs   **Privacy Act Notification** | Version DEVELOPMENT