

<b>Undergraduate Scholarship Program (UGSP) / National Institutes of Health (NIH)</b> <b>U.S. Department of Health and Human Services (DHHS)</b> <b>Undergraduate Institution Certification for Exceptional Financial Need (EFN)</b>	
<b>Applicant's Instructions</b> – Please complete Section A. Give this form to the financial aid office at the school at which you are enrolled or will be enrolled starting September 2013. <i>NOTE: FAFSA information used to complete this form must be taken from 2012 taxes.</i>	<b>Undergraduate Institution's Instructions</b> – Please complete Section B and return the form by mail to National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive / Room 2W11A (MSC 0230), Bethesda, Maryland 20892-0230. Or fax to 301-480-5481. If you have any questions, call 301-402-3831 or e-mail <ugsp@nih.gov>.
<b>Section A</b> – The applicant completes this section. Items 1 through 3 may be completed before printing.	
<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. Email Address Used for Your UGSP Application</b>	
I authorize the institution indicated in Section B to release information about my academic, financial, service, and other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials. This release is valid for six-months after completion of UGSP requirements.	
Signature (Sign your full name in ink) _____ Date _____	
<b>Section B</b> – To be completed by Academic Institution Financial Aid Office	
<b>1. Enrollment Status</b> -Is this student accepted for enrollment or expected to be enrolled as a full-time student for the 2013-2014 academic year? <input type="checkbox"/> yes <input type="checkbox"/> no -If currently enrolled, is this student in good standing? <input type="checkbox"/> yes <input type="checkbox"/> no -What is the anticipated graduation date for this student? _____	
<b>2. Exceptional Financial Need Status</b> – -Does this student qualify for EFN for the 2013-2014 academic year (see page 2 for definition): <input type="checkbox"/> yes <input type="checkbox"/> no <i>NOTE: FAFSA information used to complete this form must be taken from 2012 taxes.</i>	
<b>3. Addition Sources of Financial Support</b> – The above named student (Section A) has been awarded the following financial aid for 2013-2014 academic year:  \$ _____ Student Loans \$ _____ Institutional Scholarships \$ _____ Non-Institutional Scholarships / Grants  \$ _____ Total Financial Support  Continuation of this financial aid support ( <input type="checkbox"/> will <input type="checkbox"/> will not) be reduced by the receipt of NIH UGSP funding.	<b>4. Calculation of Eligible Tuition, Education and Living Expenses for 2013-2014</b> – The UGSP scholarship covers up to \$20,000.00 per academic year toward (1) tuition, (2) reasonable education expenses, and (3) reasonable living expenses. -Tuition: What is the tuition amount for this student? \$ _____ Tuition -Educational Expenses: What are the average educational expenses for the categories listed below? \$ _____ Books \$ _____ Laboratory Fees \$ _____ Other (specify) _____ \$ _____ Other (specify) _____ -Living Expenses: What are the average room, board, and transportation expenses? \$ _____ Room \$ _____ Board \$ _____ Transportation  \$ _____ Total Expenses
<b>5. Certification of Academic Institution Financial Aid Office</b> 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 office stamp.  Name of School _____ Financial Aid Administrator's Name (please print) _____ Title _____ Signature _____ Date _____  Telephone _____ Fax Number _____ Email Address _____	

Public reporting burden for this collection of information is estimated to average 15-minutes per response, including the time for reviewing instructions. 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.

**Instructions for Undergraduate Institution Certification Form NIH 2762-3**

Exceptional Financial Need Status Identification of Individuals from Disadvantaged Backgrounds (Scholarship applicants must be from disadvantaged backgrounds)

A student from a disadvantaged background is one who comes from a family with an annual adjusted gross income below a level based on low-income thresholds according to family size, as published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, DHHS, for use in all health professions programs.

Qualification of EFN Status. Applicants who qualify as having EFN status must provide the Financial Aid Director of their undergraduate institution total financial information, including: parent's income and spouse's income (if applicable), regardless of the student's taxable status, and must be of EFN, as defined by the Secretary, DHHS, (see above). The Financial Aid Director must certify this information and the institution's certification of an applicant's EFN status must be included with the UGSP application package.

The Secretary, DHHS, will periodically publish these low-income levels in the Federal Register. (Please see the table below for the most recent determination of low-income levels). If family income for the most recent calendar year is less than the income level indicated on the chart below for the appropriate family size, students fulfill the definition of an individual having exceptional financial need (EFN). Students certified as being of EFN are considered to be from disadvantaged backgrounds.

Low-Income Levels—Secretary DHHS

Academic Year Fall 2013 – Spring 2014	
Persons in Family (Includes only dependents listed on Federal income tax forms)	Family Income Level (Adjusted gross income, rounded to the nearest \$100)
1	\$22,340.00
2	\$30,260.00
3	\$38,180.00
4	\$46,100.00
5	\$54,020.00
6	\$61,940.00
7	\$69,860.00
8	\$77,780.00
For families with more than 8 persons, add \$7,920.00 for each additional person	
Federal Register, V77, N74, P22790, Tuesday, April 17, 2012.	

**Privacy Act Notice**

The primary use of information collected via the Office of Intramural Training and Education (OITE) online forms is to evaluate an applicant's qualifications for research training at the National Institutes of Health (NIH). Information may be used during admission consideration; in preparing appointment paperwork; and to provide data for training program evaluation. Information will be disclosed to investigators, members of advisory committees, OITE staff, and contractors working on our behalf. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Application for this program is voluntary, however, in order for the OITE to process an application, the applicant must complete the required fields.

The legal authority granted to NIH to train future biomedical scientists comes from several sources. Title 42 of the U.S. Code, Sections 241 and 282(b)(13) authorize the Director, NIH, to conduct and support research training for which fellowship support is not provided under Part 487 of the Public Health Service (PHS) Act (i.e., National Research Service Awards), and that is not residency training of physicians or other health professionals. Sections 405(b)(1)(C) of the PHS Act and 42 U.S.C. Sections 284(b)(1)(C)] and 285-287 grant this same authority to the Director of each of the Institutes/Centers at NIH.