Welcome to the BHW portal

I am ...

AN APPLICANT

Applying for the NHSC Loan Repayment Program 🕞

Applying for the NHSC Scholarship Program >

Applying for the NURSE Corps Scholarship Program 🕞

Applying for the NURSE Corps Loan Repayment Program >

Applying for the Faculty Loan Repayment Program >

Applying for the Student to Service Loan Repayment Program >

A PARTICIPANT

In a Loan Repayment or Scholarship Program 🕞

A SITE POINT OF CONTACT, REPRESENTATIVE OR PCO

A Site Point of Contact

A State Primary Care Office Member

A School Representative 🕨

An Ambassador 🕨

INTERESTED IN LEARNING MORE

About BHW 🕒

JUST HERE DOING SOME TESTING 8-)

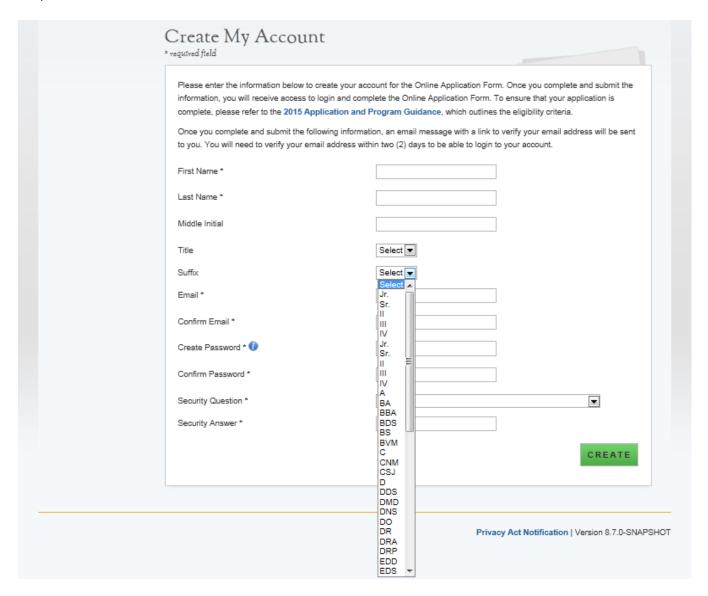
I want to test me some email! 🕞

III

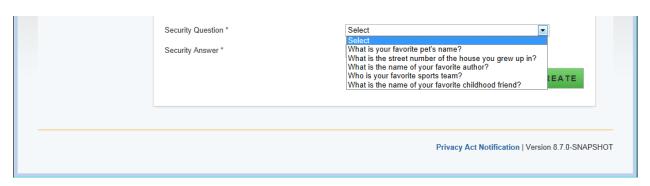
NURSE CORPS Caring for communities in need	OGRAM APPLICATION
Login	
Please log in using the fields b Your Email * Your Password * forgot	elow: your password? LOG IN
Not a registered user? Create a NURSE Corps Scholarship Program Application Account (formerly known as Nursing Scholarship Program (NSP)) Note: If you have previously registered to apply for NURSE Corps SP or a other BHW program in the current or past application cycles, please use your existing account information to log in.	Por more information or questions please: Refer to the Portal FAQ Contact the BHW Customer Care Center at 1-800-221-9393 Use TTY for hearing impaired: 1-877-897-9910 Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or Contact Us.
	Privacy Act Notification Version 8.7.0-SNAPSHOT

NWRSECORPS Caring for communities in need	NURSE CORPS SCHOLARSHIP PROGRAM API	PLICATION	Login
	Create My Account		
i	information, you will receive access to login and comp	ount for the Online Application Form. Once you complete and subn lete the Online Application Form. To ensure that your application is rogram Guidance, which outlines the eligibility criteria.	
	Once you complete and submit the following information to you. You will need to verify your email address within	on, an email message with a link to verify your email address will b in two (2) days to be able to login to your account.	e sent
	First Name *		
	Last Name *		
	Middle Initial		
	Title	Select •	
:	Suffix	Select ▼	
1	Email *		
	Confirm Email *		
	Create Password * 🕡		
	Confirm Password *		
:	Security Question *	Select	
:	Security Answer *		
		CREA	ATE .

Drop down in Suffix section



Drop down in Security Question section



	We have successfully created y your account.	your account. Please check your email for instructions on how to enable
	Login	
	Please log in using the fields below:	
	Your Email *	
	Your Password * forgot your p	annuard?
	3 , ,	LOG IN
Create an Accou	nt	Questions?
Not a registered user? Create a NURSE Corps Scholarsh	ip Program Application Account (>)	For more information or questions please:
formerly known as Nursing Scholars	ship Program (NSP))	Refer to the Portal FAQ Contact the BHW Customer Care Center at 1-800-221-9393
	ed to apply for NURSE Corps SP or any rpast application cycles, please use	Use TTY for hearing impaired: 1-877-897-9910
your existing account information to	log in.	Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or Contact Us.

	Thank you. Your account is now	w enabled.
	Login	
	Please log in using the fields below: Your Email *	
	Your Password *	
	forgot your p	password?
Create an Account Not a registered user? Create a NURSE Corps Scholarship F (formerly known as Nursing Scholarship) Note: If you have previously registered to ther BHW program in the current or payour existing account information to log	Program Application Account Program (NSP)) to apply for NURSE Corps SP or any st application cycles, please use	Por more information or questions please: Refer to the Portal FAQ Contact the BHW Customer Care Center at 1-800-221-9393 Use TTY for hearing impaired: 1-877-897-9910 Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or Contact Us.
		Privacy Act Notification Version 8.7.0-Sl



NURSE Corps Scholarship Program Application

WELCOME TO THE NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Thank you for your interest in the NURSE Corps Scholarship Program. Please be sure to carefully read the 2015 NURSE Corps Scholarship Program Application and Program Guidance (APG) before starting the application.

It is recommended that prior to beginning the online application you prepare electronic copies of the required supporting documentation. Additionally, you will have to initiate a request for an academic and non-academic letter of recommendation through the application pages. All information provided in the supporting documents must match exactly what is entered in the online application. Applications with discrepancies will not be considered for an award.

All of these documents can be uploaded online:

- Acceptable Proof of Citizenship or U.S National/Lawful Permanent
- Authorization to Release Information
- Verification of Acceptance/Good Standing Report
- Complete Official Student Aid Report
- Unofficial Transcript
- CV/Resume
- Existing Service Supporting Document (If applicable)
- Three Essays
- Current Tuition and Fees Schedule

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 NURSE Corps Scholarship Program 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 determining your eligibility:

- 1. Assurances
- 2. Eligibility
- 3. General Information
- 4. Background Information
- 5. Degree Information
- 6. Letters of Recommendation
- 7. Supporting Documents
- 8. Self-Certification
- 9. 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 have the ability to edit your application until the deadline. 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 **May 21, 2015 at 7:30 PM EDT**. Remember to log into the NURSE Corps Scholarship Program online application to check the status of your application!

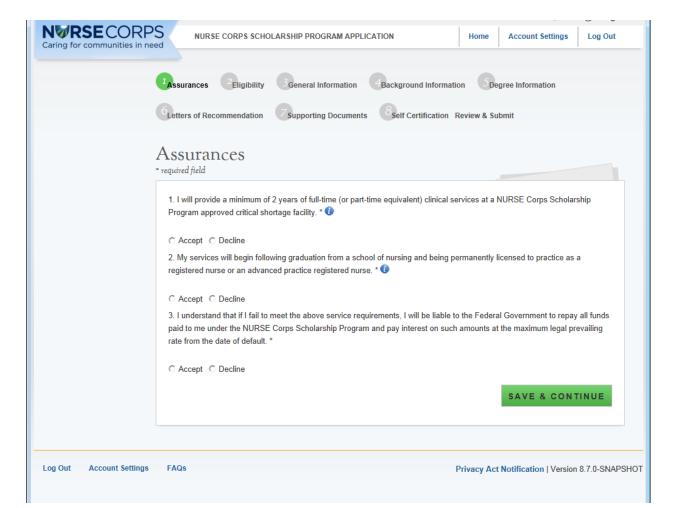
PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0301 and expires 8/31/2015. The public reporting burden for this collection is estimated to average 5 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

START MY APPLICATION

Log Out Account Settings

FAQs



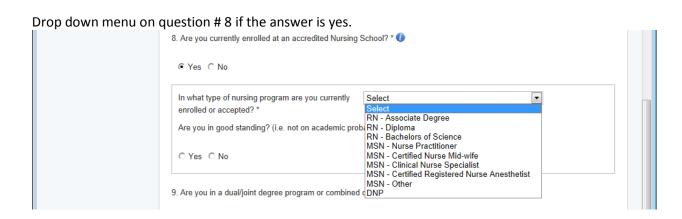
Privacy Act Notification | Version 8.7.0-SNAPSHO

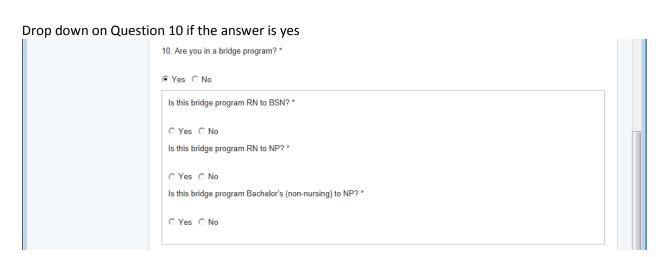
Log Out

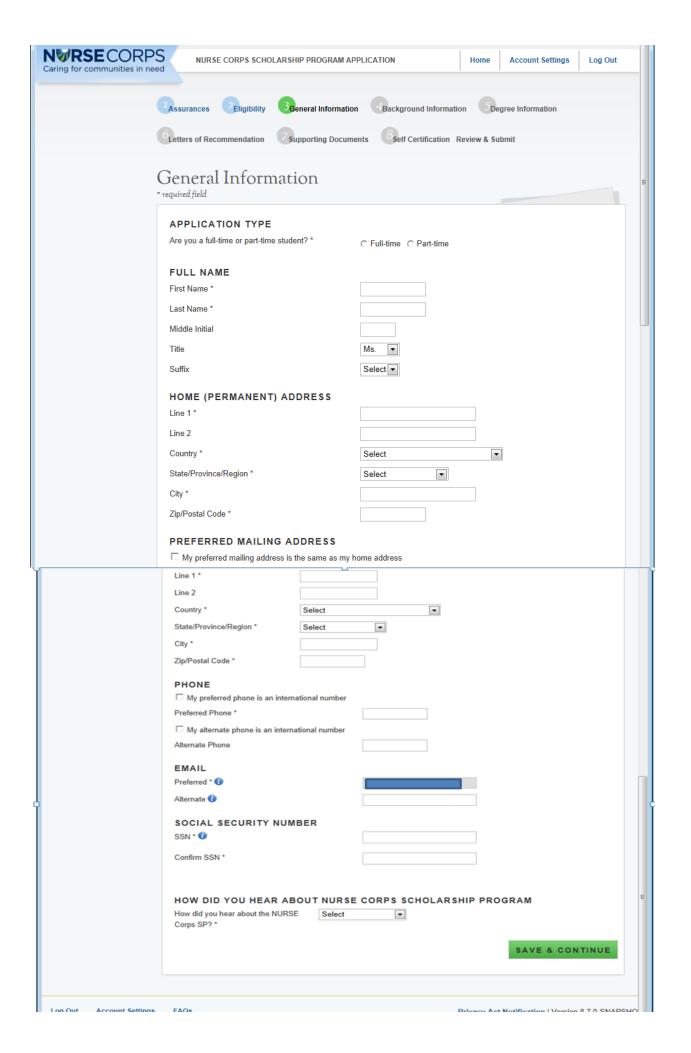
Account Settings

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 submission of this application. Will it be completely satisfied on or before application submission? * Yes No Are you in a Reserve component of the Armed Forces including the National Guard? * Yes No

Drop down on question # 7 if the answer is yes 7. Have you been accepted by an accredited nursing school located in a State (including U.S. territories)? * (*Yes C No Will your class attendance and/or schoolwork from the above accredited nursing school for the 2015-2016 school year begin on or before September 30, 2015? * C Yes C No







NURSE CORPS Caring for communities in need	SCHOLARSHIP PROGRAM APPLICA	ATION	Home	Account Settings	Log Out
¹ Assurances ² Eligit	oility General Information	4Background Informatio	n 5 _{Degi}	ree Information	
Letters of Recommenda	tion Supporting Documents	Self Certification R	eview & Subi	mit	
	-				
Background * required field	Information		_		
PLACE OF BIRT	н				
Country *	Uni	ited States	•		
State/Province/Region	Sel	ect			
City *					
Date of Birth *					
DEMOGRAPHIC	5				
Award selection will no	be determined by this section				
Gender	C Male				
	C Female				
Ethnicity	C Hispanic or Latino				
	C Not Hispanic or Latino				
Race You may multi-select	American Indian or Alaska	n Native			
different race values.	Asian				
	☐ Black or African-American☐ Native Hawaiian or Other F	Pacific Islander			
	White	dollo lolaridor			
	DUCATION INFORMATION				
Highest level of educat					
Year received *		ect 💌			
EMERGENCY/AI First Name *	TERNATE CONTACT				
Last Name *					
Last Name Middle Initial					
Line 1 *					
Line 1					
Country *	United States	T			
State/Province/Region		▼			
City *	25.350				
Zip/Postal Code *		I			
	phone is an international number				E
Preferred Phone *					
☐ Contact's alternate	phone is an international number				
Alternate Phone					
				SAVE & CONT	TINUE
Log Out Account Settings FAQs		D	rivacy Act N	Notification Version	8 7 N-SNAPSHO

III

Drop down on "Time left until completion of program" Time left until completion of program * 4 years 0 ▼ months Start and End Dates 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. You must request funding for the upcoming school year and the funding years must be consecutive school years. You must indicate which years you are seeking scholarship funding by checking the box 'I am requesting funding for this school year.' Note: the NURSE Corps Scholarship Program 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 1 Start Date * Year 1 End Date * ☐ I am requesting funding for year 1 Year 2 Start Date * Year 2 End Date * ☐ I am requesting funding for year 2 Year 3 Start Date * Year 3 End Date * ☐ I am requesting funding for year 3 Year 4 Start Date * Year 4 End Date *

 $\ \square$ I am requesting funding for year 4

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RSECORPS for communities in need	NURSE CORPS SCHOLARSHIP PROGRAM APP	PLICATION	Home	Account Settings	Log Out
	Assurances 2Eligibility 3General Information	4Background Information	5 _{De}	gree Information	
6	(2)	8			
	Letters of Recommendation Supporting Documer	nts Self Certification Re	view & Su	bmit	
T	etters of Recommendatio				
	etters of Necolllinendation)[]			
	. ,				
	All recommendations must be completed online. It is you the deadline date. You will not be able to submit your N				mitted by
	recommendations are completed. You will be able to complete	ontinue to the next page of the	applicatio	n once both requests a	ire sent
	out. Additionally, you may cancel and re-submit a requ recommender. You will receive an email notification on				not be
	able to see the completed letter of recommendation. TI after the application deadline (May 21, 2015 at 7:30 PM		-		dation
			л аррпсан	on.	
	ACADEMIC LETTER OF RECOMMEND				
	If the applicant is currently enrolled in the nursing prograpplicant's Department Chair, Faculty advisor or a Fac				
	the applicant has not begun the nursing program associated by the prog				
	Chair, Faculty advisor, or a Faculty member of the app The letter must be based on the academic official's obs				
	the same individual submitting the non-academic official	al recommendation letter.			
	Status: Not Started				
	Recommender Title *	Select -			
	First Name *				
	Last Name *				
	Email *				
	Request Recommendation				
	NON-ACADEMIC LETTER OF RECOMM	MENDATION			
	The Non-Academic Recommendation Letter should be		niliar with t	he applicant's profession	onal.
	community and/or civic activities, especially those relati	ed to underserved communities	s. The eva	luator can be an emplo	oyer or
	previous employer, community leader, colleague, or an provide care to underserved communities.	lyone who has knowledge of th	те аррисаг	it's interest and motiva	tion to
	Status: Not Started				
	Recommender Title *	Select▼			
	First Name *				
	Last Name *				
	Email *				
	Request Recommendation		_		
				SAVE & CONT	INUE

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FAQs

Home

Account Settings

Log Out

Assurances









6 effers of Recommendation



Self Certification Review & Subm

Supporting Documents

* required field

Select the document you would like to upload and then browse the document in and select "Upload". All documents are required in order to select "Continue." Once you have uploaded the documents, you will be able to view the link of the downloaded document.

Please upload PDF documents when possible to enhance processing time. Documents cannot be larger than 5MB in size.

TIFF, JPEG, PNG, and HTML are NOT acceptable file types. Multiple page documents must be merged and submitted as one single document before it is uploaded. Multiple documents uploaded in the incorrect location may cause delays in processing your application.

All information provided in the supporting documents *must match exactly what is entered in the* online application. Any discrepancies will cause your application to not be considered for an award.

For more information on any other documents, please view the 2015 NURSE Corps Scholarship Program Application and Program Guidance.

ESSAY QUESTIONS

- 1. How will you contribute to the mission of the NURSE Corps Scholarship Program in providing care to underserved communities?
- 2. What defines an underserved community? What experiences have you had that have prepared you to work with underserved populations?
- 3. Please discuss your commitment to pursue a career in nursing.

Each response should be limited to 5,000 characters or less (approximately ½ page), one page per essay. We recommend that you use a standard word processing tool (e.g., Microsoft Word, Word Perfect) to respond to the questions. The applicant must provide the first initial and last name and their Application ID number at the top of each document.

TEMPLATE DOCUMENTS

Please use the following document templates for the corresponding supporting documents (do not use alternative or school documents). You will need to print the forms, fill them out, and scan them in order to upload.

- Authorization to Release Information
- Verification of Acceptance/Good Standing Report

UPLOAD DOCUMENTS

	Document Title	Document File	Status	Delete
О	Authorization to Release Information*		Not Received	
O	Complete Official Student Aid Report*		Not Received	
О	Current Year Tuition and Fees Schedule*		Not Received	
0	Essay 1 - Mission of NURSE Corps SP*		Not Received	
0	Essay 2 - Experience in Underserved Communities*		Not Received	
0	Essay 3 - Service Commitment*		Not Received	
О	Proof of Citizenship or U.S. National; Lawful Permanent Resident*		Not Received	
0	Resume/CV*		Not Received	
О	Transcript*		Not Received	
0	Verification of Acceptance/Good Standing*		Not Received	
	Browse Uplo	ad		

SAVE & CONTINUE

Log Out

Account Settings

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BUREAU OF HEALTH WORKFORCE

NURSE CORPS SCHOLARSHIP PROGRAM AUTHORIZATION TO RELEASE INFORMATION

l,			, hereby authorize:
	(Print Name - First,	Middle Initial, Last)	
1)	participating in the NURS enrollment to the Depart pertaining to my school e standing, enrollment and and fees, leave-of-absence	E Corps Scholarship Progra ment of Health and Huma nrollment includes, but is degree status, curriculum e, withdrawal, or dismissa	enrolled/was enrolled while applying for and im to disclose information pertaining to my school in Services (DHHS), and/or its contractors. Information not limited to, my transcripts and grades, academic and examination requirements for graduation, tuition I from school. This information will be used by DHHS holarship benefits and the amount of those benefits.
2)	Scholarship Program obliq compliance with the Nurs limited to, my practice loo indicating the hours that	eation to disclose to DHHS ing Scholarship service rec ation(s), practice respons worked and the hours I w	vide service in satisfaction of my NURSE Corps , and/or its contractors, information pertaining to my quirements. Such information includes, but is not ibilities, work schedule or other documentation was away from the site, records relating to my work elating to the termination of my employment at the
3)	The DHHS, and/or its cont appear on the Excluded P		ne, address(es) and social security number to see if I
authori shall re	zation shall remain in effect	until September 30, 2015 my Nursing Scholarship o	ease form. If I do not become a participant, this . If I become a participant, the above authorizations ommitment has been fulfilled. These authorizations
(Signati	ure of Individual)	(Date)	(Last 4 Digits of Social Security Number)

Must be received by 7:30 pm EST May 21, 2015
Please upload to the NURSE Corps SP Portal: https://programportal.hrsa.gov/





BUREAU OF HEALTH WORKFORCE

VERIFICATION OF ACCEPTANCE/GOOD STANDING REPORT

This Verification of Acceptance/Good Standing Report certifies that the student identified below has been accepted for admission or is enrolled in good standing for the 2015-2016 academic year as indicated. (To be completed by a school official only.)

1. Student's Name	e (Last, First, Mido	dle)		2. Stude	ent's Social S	ecurity Num	ber (Last 4 digits)
3. Nursing progra Masters (MS-N	am the student is						
4. When will/did	the student ente	r the nursing p	rogram fo	r which fu	nding is beir	ng requested	l: (mm/yy):
5. Is the student	in good academic	standing?	Yes			No	_
6. Is the student of	considered Full-Ti	me or Part Tim	e in the nu	ırsing prog	gram? Full-	Time	Part-Time
7. Length of the f	ull-time nursing p	rogram (years	and/or mo	onths):			
8. Date profession	nal nursing classe	s begin for the	2015-2016	academic	year (mm/	y):	_
9. Nursing progra	m end date (Com	pletion of requ	ired classe	s for grad	uation) (mm	/yy):	_
10. Anticipated d	ate of graduation	(mm/yy):	_				
11. Student's tota	al cumulative Gra	de Point Avera	ge (GPA):				
repeat a course	or the student re				-		tudent needing to
(All contingence	ies must be met l	by the start of	the Fall 20	15-2016 te	erm.)		
Accreditation Ex	al or Regional Acc piration / Renewa provisional?	· reditation Orga ıl Date: (mm/yı	nization:				•
Name of School:				Name 8	k Title:		
Address:				Phone I	Number:		Fax:
City:	State:	Zip Code:		E-mail A	Address:		
By signing my name belo best of my knowledge an							
Signature of Nursi	ng School Official	:				Date_	
		September 15					

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION



BUREAU OF HEALTH WORKFORCE

Must be received by 7:30 pm EST May 21, 2015

Please upload to the NURSE Corps SP Portal: https://programportal.hrsa.gov/



2

OMB No. 0915-0301 Expiration: 8/31/2015

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FAQs

in need

NWRSE CORPS

NURSE Corps Scholarship Program Application

Hello

You have submitted your NURSE Corps Scholarship Program online application and all required supporting documents!

Your overall application status is: Submitted

Your application ID is: 269061

School Name: Johns Hopkins University - School of Nursing

Discipline: Registered Nurse

Number of funding years requested: 4

View your submitted application

It is your responsibility to ensure that the entirety of your application and supporting documents has been accurately submitted. Applications found with deficiencies or missing information will not qualify for review. For further guidance please refer to the 2015 NURSE Corps Scholarship Program Application and Program Guidance.

If there are any changes you would like to make to your application, you may edit and resubmit your application by the application deadline (May 21, 2015 at 7:30 PM EDT). Applications not resubmitted by this time will not be considered for an award. Click the button below to edit your application.

Edit Application

If you are no longer interested in the 2015 NURSE Corps Scholarship Program award, please click the button below to withdraw your application. Once you withdraw your application, you may resubmit your current application using the edit button above until May 21, 2015 at 7:30 PM EDT. Applications not resubmitted by this time will not be considered for an award.

Withdraw

It is important to keep your contact information accurate and up to date. If updates are necessary, please make the appropriate changes on the Account Settings page.

GENERAL SUPPORTING DOCUMENTS

Document Title	Document Name	Status
Authorization to Release Information	Test Document.docx	Received
Complete Official Student Aid Report	Test Document.docx	Received
Current Year Tuition and Fees Schedule	Test Document.docx	Received
Essay 1 - Mission of NURSE Corps SP	Test Document.docx	Received
Essay 2 - Experience in Underserved Communities	Test Document.docx	Received
Essay 3 - Service Commitment	Test Document.docx	Received
Proof of Citizenship or U.S. National; Lawful Permanent Resident	Test Document.docx	Received
Resume/CV	Test Document.docx	Received
Transcript	Test Document.docx	Received
Verification of Acceptance/Good Standing	Test Document.docx	Received

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FAQs