

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 ▶](#)

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A PARTICIPANT

[In a Loan Repayment or Scholarship Program ▶](#)

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A SITE POINT OF CONTACT, REPRESENTATIVE OR PCO

[A Site Point of Contact ▶](#)

[A State Primary Care Office Member ▶](#)

[A School Representative ▶](#)

[An Ambassador ▶](#)

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INTERESTED IN LEARNING MORE

[About BHW ▶](#)

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JUST HERE DOING SOME TESTING 8-)

[I want to test me some email! ▶](#)

## Login

Please log in using the fields below:

Your Email \*

Your Password \*

[forgot your password?](#)

**LOG IN**

## Create an Account

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 any other BHW program in the current or past application cycles, please use your existing account information to log in.

## Questions?



For 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](#).

## Create My Account

*\* required field*

Please enter the information below to create your account for the Online Application Form. Once you complete and submit the information, you will receive access to login and complete the Online Application Form. To ensure that your application is complete, please refer to the [2015 Application and Program Guidance](#), which outlines the eligibility criteria.

Once you complete and submit the following information, an email message with a link to verify your email address will be sent to you. You will need to verify your email address within two (2) days to be able to login to your account.

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Title	<input type="text" value="Select"/>
Suffix	<input type="text" value="Select"/>
Email *	<input type="text"/>
Confirm Email *	<input type="text"/>
Create Password * 	<input type="text"/>
Confirm Password *	<input type="text"/>
Security Question *	<input type="text" value="Select"/>
Security Answer *	<input type="text"/>

CREATE

## Drop down in Suffix section

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\* required field

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First Name \*

Last Name \*

Middle Initial

Title

Suffix

Email \*

Confirm Email \*

Create Password \*

Confirm Password \*

Security Question \*

Security Answer \*

Privacy Act Notification | Version 8.7.0-SNAPSHOT

## Drop down in Security Question section

Security Question \*

Security Answer \*

Privacy Act Notification | Version 8.7.0-SNAPSHOT



We have successfully created your account. Please check your email for instructions on how to enable your account.

## Login

Please log in using the fields below:

Your Email \*

Your Password \*

[forgot your password?](#)

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[Create a NURSE Corps Scholarship Program Application Account](#) ▶  
(formerly known as Nursing Scholarship Program (NSP))

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Thank you. Your account is now enabled.

## Login

Please log in using the fields below:

Your Email \*

Your Password \*

[forgot your password?](#)

**LOG IN**

## Create an Account

Not a registered user?

[Create a NURSE Corps Scholarship Program Application Account ▶](#)  
(formerly known as Nursing Scholarship Program (NSP))

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Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or [Contact Us](#).

# 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](#)

- 1 Assurances
- 2 Eligibility
- 3 General Information
- 4 Background Information
- 5 Degree Information
- 6 Letters of Recommendation
- 7 Supporting Documents
- 8 Self Certification
- Review & Submit

## Assurances

*\* required field*

1. I will provide a minimum of 2 years of full-time (or part-time equivalent) clinical services at a NURSE Corps Scholarship Program approved critical shortage facility. \* [i](#)

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 registered nurse. \* [i](#)

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 NURSE Corps Scholarship Program and pay interest on such amounts at the maximum legal prevailing rate from the date of default. \*

Accept  Decline





**SAVE & CONTINUE**



- 1 Assurances
- 2 **Eligibility**
- 3 General Information
- 4 Background Information
- 5 Degree Information
- 6 Letters of Recommendation
- 7 Supporting Documents
- 8 Self Certification
- Review & Submit


## 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
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 had any Federal or non-Federal debt written off as uncollectible? \*  
 Yes  No
6. Have you defaulted on a prior service obligation to a federal, state, or local government entity, or other entity? \*   
 Yes  No
7. Have you been accepted by an accredited nursing school located in a State (including U.S. territories)? \*  
 Yes  No
8. Are you currently enrolled at an accredited Nursing School? \*   
 Yes  No
9. Are you in a dual/joint degree program or combined degree program? \*  
 Yes  No
10. Are you in a bridge program? \*  
 Yes  No
11. 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**

Drop down on question # 3 if the answer is yes.

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  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? \*

Yes  No

Drop down menu on question # 8 if the answer is yes.

8. Are you currently enrolled at an accredited Nursing School? \* 

Yes  No

In what type of nursing program are you currently enrolled or accepted? \*

Are you in good standing? (i.e. not on academic probation)? \*

Yes  No

9. Are you in a dual/joint degree program or combined degree program? \*

- Select
- Select
- RN - Associate Degree
- RN - Diploma
- RN - Bachelors of Science
- MSN - Nurse Practitioner
- MSN - Certified Nurse Mid-wife
- MSN - Clinical Nurse Specialist
- MSN - Certified Registered Nurse Anesthetist
- MSN - Other
- DNP

Drop down on Question 10 if the answer is yes

10. Are you in a bridge program? \*

Yes  No

Is this bridge program RN to BSN? \*

Yes  No

Is this bridge program RN to NP? \*

Yes  No

Is this bridge program Bachelor's (non-nursing) to NP? \*

Yes  No

- 1 Assurances
- 2 Eligibility
- 3 **General Information**
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- 8 Self Certification
- Review & Submit

## General Information

\* required field

### APPLICATION TYPE

Are you a full-time or part-time student? \*  Full-time  Part-time

### FULL NAME

First Name \*

Last Name \*

Middle Initial

Title

Suffix

### HOME (PERMANENT) ADDRESS

Line 1 \*

Line 2

Country \*

State/Province/Region \*

City \*

Zip/Postal Code \*

### PREFERRED MAILING ADDRESS

My preferred mailing address is the same as my home address

Line 1 \*

Line 2

Country \*

State/Province/Region \*

City \*

Zip/Postal Code \*

### PHONE

My preferred phone is an international number

Preferred Phone \*

My alternate phone is an international number

Alternate Phone

### EMAIL

Preferred \*

Alternate

### SOCIAL SECURITY NUMBER

SSN \*

Confirm SSN \*

### HOW DID YOU HEAR ABOUT NURSE CORPS SCHOLARSHIP PROGRAM

How did you hear about the NURSE Corps SP? \*

SAVE & CONTINUE

- 1 Assurances
- 2 Eligibility
- 3 General Information
- 4 Background Information**
- 5 Degree Information
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- Review & Submit

## Background Information


\* required field

### PLACE OF BIRTH

Country \*

State/Province/Region \*

City \*

Date of Birth \*  

### DEMOGRAPHICS

Award selection will not be determined by this section

Gender  Male  Female

Ethnicity  Hispanic or Latino  Not Hispanic or Latino

Race *You may multi-select different race values.*

American Indian or Alaskan Native

Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

### BACKGROUND EDUCATION INFORMATION

Highest level of education received \*

Year received \*

### EMERGENCY/ALTERNATE CONTACT

First Name \*

Last Name \*

Middle Initial

Line 1 \*

Line 2

Country \*

State/Province/Region \*

City \*

Zip/Postal Code \*

Contact's preferred phone is an international number

Preferred Phone \*

Contact's alternate phone is an international number

Alternate Phone

**SAVE & CONTINUE**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

## Degree Information

\* required field

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 the school information section. Selecting a discipline and degree program that is not offered at the school selected will cause delays in processing your application.

### PROFESSIONAL HEALTH DISCIPLINE

Discipline \*

What degree or certification will you receive upon completion of your program? \*

### SCHOOL

If you do not see your school in the drop down, please select the "Other" value and fill out the text fields. Upon saving this page, Program will verify your school's accreditation and follow up with you shortly. Please note: if you change your school during the review process that will put your application at risk of not being funded. The process to add a school may take up to 48 hours (two business days). Requests must be submitted with ample time remaining before the application cycle closes.

Accredited Program. The NURSE Corps Scholarship Program considers a nursing program to be accredited if it is accredited by a national or regional nurse education accrediting agency or state approval agency recognized by the Secretary of the U.S. Department of Education. For a complete list of nursing accreditation agencies recognized by the Secretary of the U.S. Department of Education, please visit: <http://ope.ed.gov/accreditation/Agencies.aspx>

State \*

School Name \*

Do you pay resident or non-resident tuition? \*  Resident (In State)  Non-Resident (Out of State)

What is the date you started, or will start, the Nursing Program for which you are requesting funding? \*

What is your program end date? \*

What is your expected graduation date? \*

On 9/30/2015, in what year of your nursing program will you be enrolled? \*

Time left until completion of program \*  years  months

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

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2015-2016)	2 Years Full-Time
Up to 2 Full-Time School Years (2015-2017)	2 Years Full-Time
Up to 3 Full-Time School Years (2015-2018)	3 Years Full-Time
Up to 4 Full-Time School Years (2015-2019)	4 Years Full-Time

### GPA

This is a non-standard GPA

GPA \*

### EXPECTED FAMILY CONTRIBUTION

Enter your Expected Family Contribution (EFC) as indicated on your Complete Official Student Aid Report \*

**SAVE & CONTINUE**

## 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 \*  

I am requesting funding for year 4

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## Letters of Recommendation

\* required field

All recommendations must be completed online. It is your responsibility to ensure that both recommendations are submitted by the deadline date. You will not be able to submit your Nurse Corps Scholarship Program application until both recommendations are completed. You will be able to continue to the next page of the application once both requests are sent out. Additionally, you may cancel and re-submit a request as long as the letter has not already been completed by the recommender. You will receive an email notification once the recommender completes the process, however you will not be able to see the completed letter of recommendation. The recommender will not be able to upload letters of recommendation after the application deadline (May 21, 2015 at 7:30 PM EDT) or once you submit your application.

### ACADEMIC LETTER OF RECOMMENDATION

If the applicant is currently enrolled in the nursing program, the letter should be from a non-relative academic official -the applicant's Department Chair, Faculty advisor or a Faculty member of that academic program who is familiar with the student. If the applicant has not begun the nursing program associated with the scholarship, the letter should be from the Department Chair, Faculty advisor, or a Faculty member of the applicant's most recent academic program who is familiar with the applicant; The letter must be based on the academic official's observations or knowledge of the applicant, and should not be submitted by the same individual submitting the non-academic official recommendation letter.

Status: Not Started

Recommender Title \*

First Name \*

Last Name \*

Email \*

**Request Recommendation**

### NON-ACADEMIC LETTER OF RECOMMENDATION

The Non-Academic Recommendation Letter should be from a non-relative who is familiar with the applicant's professional, community and/or civic activities, especially those related to underserved communities. The evaluator can be an employer or previous employer, community leader, colleague, or anyone who has knowledge of the applicant's interest and motivation to provide care to underserved communities.

Status: Not Started

Recommender Title \*

First Name \*

Last Name \*

Email \*

**Request Recommendation**

**SAVE & CONTINUE**

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## 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 ¼ 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
<input type="radio"/> Authorization to Release Information*		Not Received	
<input type="radio"/> Complete Official Student Aid Report*		Not Received	
<input type="radio"/> Current Year Tuition and Fees Schedule*		Not Received	
<input type="radio"/> Essay 1 - Mission of NURSE Corps SP*		Not Received	
<input type="radio"/> Essay 2 - Experience in Underserved Communities*		Not Received	
<input type="radio"/> Essay 3 - Service Commitment*		Not Received	
<input type="radio"/> Proof of Citizenship or U.S. National; Lawful Permanent Resident*		Not Received	
<input type="radio"/> Resume/CV*		Not Received	
<input type="radio"/> Transcript*		Not Received	
<input type="radio"/> Verification of Acceptance/Good Standing*		Not Received	





BUREAU OF HEALTH WORKFORCE

**NURSE CORPS SCHOLARSHIP PROGRAM  
AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize:  
(Print Name - First, Middle Initial, Last)

- 1) The school where I am accepted for enrollment/am enrolled/was enrolled while applying for and participating in the NURSE Corps Scholarship Program to disclose information pertaining to my school enrollment to the Department of Health and Human Services (DHHS), and/or its contractors. Information pertaining to my school enrollment includes, but is not limited to, my transcripts and grades, academic standing, enrollment and degree status, curriculum and examination requirements for graduation, tuition and fees, leave-of-absence, withdrawal, or dismissal from school. This information will be used by DHHS to determine my eligibility to continue to receive scholarship benefits and the amount of those benefits.
- 2) The entity/entities where I am/was approved to provide service in satisfaction of my NURSE Corps Scholarship Program obligation to disclose to DHHS, and/or its contractors, information pertaining to my compliance with the Nursing Scholarship service requirements. Such information includes, but is not limited to, my practice location(s), practice responsibilities, work schedule or other documentation indicating the hours that I worked and the hours I was away from the site, records relating to my work performance and (if applicable) the circumstances relating to the termination of my employment at the service location.
- 3) The DHHS, and/or its contractors, to release my name, address(es) and social security number to see if I appear on the Excluded Parties List System.

This authorization takes effect on the date that I sign this release form. If I do not become a participant, this authorization shall remain in effect until September 30, 2015. If I become a participant, the above authorizations shall remain in effect until the date my Nursing Scholarship commitment has been fulfilled. These authorizations may be revoked by me in writing at any time.

\_\_\_\_\_  
(Signature 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 (Last, First, Middle) \_\_\_\_\_ 2. Student's Social Security Number (Last 4 digits) \_\_\_\_\_

3. Nursing program the student is admitted to/enrolled in: Associate (ADN) \_\_\_\_\_ Baccalaureate (BSN) \_\_\_\_\_  
Masters (MS-NP) \_\_\_\_\_ Masters (MS-Other) \_\_\_\_\_ Diploma \_\_\_\_\_ Doctoral (DNP) \_\_\_\_\_

4. When will/did the student enter the nursing program for which funding is being requested: (mm/yy): \_\_\_\_\_

5. Is the student in good academic standing? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Is the student considered Full-Time or Part Time in the nursing program? Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

7. Length of the full-time nursing program (years and/or months): \_\_\_\_\_

8. Date professional nursing classes begin for the 2015-2016 academic year (mm/yy): \_\_\_\_\_

9. Nursing program end date (Completion of required classes for graduation) (mm/yy): \_\_\_\_\_

10. Anticipated date of graduation (mm/yy): \_\_\_\_\_

11. Student's total cumulative Grade Point Average (GPA): \_\_\_\_\_

12. Is there a contingency to the student's acceptance to the program? Examples include the student needing to repeat a course or the student receiving an "Incomplete" status for a course. Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

**(All contingencies must be met by the start of the Fall 2015-2016 term.)**

13. Nursing Program Accreditation (The NCSP will only fund students attending fully accredited institutions)

Name of National or Regional Accreditation Organization: \_\_\_\_\_

Accreditation Expiration / Renewal Date: (mm/yy): \_\_\_\_\_

Is accreditation provisional? Yes \_\_\_\_\_ No \_\_\_\_\_

**School Information**

**Nursing School Official Contact Information**

Name of School: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

By signing my name below, I certify that the information provided on this Verification of Acceptance/Good Standing Report is accurate and complete to the best of my knowledge and belief. I understand that any willfully false information may be punishable as a felony under U.S. Code, Title 18, Section 1001.

Signature of Nursing School Official: \_\_\_\_\_ Date \_\_\_\_\_





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/>



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- 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 of the [2015 NURSE Corps Scholarship Program Application and Program Guidance](#) \*

SAVE & CONTINUE

- 1 Assurances
- 2 Eligibility
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- 4 Background Information
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- Review & Submit**

## Review & Submit

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

You may edit your application up until the deadline; however you will need to re-submit by the deadline to be considered for an award. After submission, your final application will be available to review, download, and print in PDF format on the Home page. All supporting documents will be listed on the Home page along with the school, discipline, and number of years of funding you have requested. The deadline to submit the NURSE Corps SP application is May 21, 2015 at 7:30 PM EDT.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	Complete
Letters of Recommendation	Complete
Supporting Documents	Complete
Self Certification	Complete
Review & Submit	In Progress

### SUBMIT YOUR APPLICATION:

I certify that the information given in this application, including supporting documentation uploaded into this application, 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, 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)

Enter your password to sign \*

**SUBMIT**

## NURSE Corps Scholarship Program Application

Hello [REDACTED]

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