

National Health Service Corps Loan Repayment Program

U.S. Department of Health and Human Services Health Resources and Services Administration

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

VERIFICATION REGARDING DISADVANTAGED BACKGROUND

For School Use Only – Must be completed by Financial Aid Official. Once completed, please return to the NHSC LRP applicant for submission with their program application.

Student's Name		Last 4 digits SSN
The Financial Aid Official identi	fied below certifies that t	he above-named student (check one below)
	□ is	☐ is NOT
	to participate in Federal P	low). Students from a disadvantaged background have either participated Programs such as the "Scholarships for Disadvantaged Students," "Loans to versity Grant Program."
CRITERIA FOR DISADVANTAGE	BACKGROUND STATUS:	
 Come from an envi to enroll in and gra 	ironment that has inhibite Iduate from a health profe	ed them from obtaining the knowledge, skills, and abilities required essions or nursing school (Environmentally Disadvantaged). The ronmentally Disadvantages" for guidance only and are not intended
		rerage SAT/ACT scores or below the average State test results. 50 percent or less of graduates go to college.
experience	S.	or mental impairment that substantially limits participation in educational
 Person for performance 	•	her primary language and for whom language is still a barrier to academic
	o is first generation to atte	end college. least 30 percent of enrolled students are eligible for free or reduced price
lunches.	ii a iligii scriool where at i	least 50 percent of enrolled students are eligible for free of reduced price
	– OR –	
Bureau, adjusted a	nnually for changes in the	below a level based on low-income thresholds established by the U.S. Census e Consumer Price Index (Economically Disadvantaged).
		'' for various health professions and nursing programs included in Titles III, as having an annual income that does not exceed 200 percent of the
		s a group of two or more individuals related by birth, marriage, or adoption
who live together of	or an individual who is no	t living with any relatives.
FINANCIAL AID OFFICIAL:		
Signature		Date
Printed Name		Phone Number
Email Address		Name of School

Applicant: Scan and upload this document to your NHSC LRP application **prior** to submitting your NHSC LRP application. You can access your application via the Customer Service Portal, at https://programportal.hrsa.gov/extranet/landing.seam.