

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 ic	dentified below certifies the	hat the above-named student (check one below)
	🔲 is	☐ is NOT
in or would have been elig	ible to participate in Fede	d below). Students from a disadvantaged background have either participated eral Programs such as the "Scholarships for Disadvantaged Students," "Loans to e Diversity Grant Program."
CRITERIA FOR DISADVANTA	AGED BACKGROUND STA	<u>rus</u> :
 Come from an to enroll in an 	environment that has inhed graduate from a health provided as examples of "	nibited them from obtaining the knowledge, skills, and abilities required professions or nursing school (Environmentally Disadvantaged). The Environmentally Disadvantages" for guidance only and are not intended
		w average SAT/ACT scores or below the average State test results.
	n who has a diagnosed ph	nere 50 percent or less of graduates go to college. ysical or mental impairment that substantially limits participation in educational
perfor	mance.	s or her primary language and for whom language is still a barrier to academic
	_	e at least 30 percent of enrolled students are eligible for free or reduced price
		OR –
Bureau, adjust The Secretary VII and VIII of Department's	ted annually for changes in defines a ''low income far the Public Health Service A poverty guidelines. A fam	ome below a level based on low-income thresholds established by the U.S. Census in the Consumer Price Index (Economically Disadvantaged). mily" for various health professions and nursing programs included in Titles III, Act as having an annual income that does not exceed 200 percent of the hilly is a group of two or more individuals related by birth, marriage, or adoption is not 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.