

Bureau of Health Workforce

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

OMB No.: 0915-0146 Expiration Date: XX/XX/20XX

National Health Service Corps Scholarship Program Receipt of Exceptional Financial Need Scholarship

(For School Use Only - Must be completed by a Financial Aid Official)

Name of Stu	ıdent (First, Middle initial, Las	st) La	ast 4 Digits of the Applicant's SSN
	,		
The Financia	al Aid Officer identified below	certifies that the above-named s	student:
	has received		
	has <u>NOT</u> received		
Signature		Printed Name	Date
Signature Title		Printed Name Phone	Date Email
	ool		

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 currently valid OMB control number. The OMB control number for this project is 0915–0146. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, 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 Officer, 5600 Fishers Lane, Room 14N39, Rockville, MD 20857.