



**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 Student (First, Middle initial, Last) Last 4 Digits of the Applicant’s SSN

The Financial Aid Officer identified below certifies that the above-named student:

- has** received
- has NOT** received

a Scholarship for Students of Exceptional Financial Need (EFN) under former section 758 of the Public Health Service Act (applicable to medical and dental students only).

| | | |
|-----------|--------------|------|
| Signature | Printed Name | Date |
|-----------|--------------|------|

| | | |
|-------|-------|-------|
| Title | Phone | Email |
|-------|-------|-------|

Name of School

Student may upload signed form to the NHSC SP Online Application: <https://programportal.hrsa.gov/>