



**National Health Service Corps Students to Service Loan Repayment Program
Verification of Exceptional Financial Need (EFN)**

(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 section 758 of the Public Health Service Act and qualify for a funding priority (applicable to medical students only).

Signature

Printed Name

Date

Title

Phone

Email

Name of School