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| U. S. Department of Health and Human Services HEALTH RESOURCES & SERVICES ADMINISTRATION  Bureau of Health Workforce PAPA OLA LOKAHI    **Title 42 Chapter 122 Section 11709– Native Hawaiian Health Scholarship Program** | |
| APPLICANT’S NAME | DEGREE ie. Masters Degree in Nursing |
| COLLEGE / UNIVERSITY | PROJECTED GRADUATION MO/YR |
| **THIS *Form E* - Program Course Curriculum MUST BE COMPLETED and RETURNED to NHHSP** | |
| APPLICANT applied for Admission or is Enrolled at above-mentioned College/University since/for the **Academic Year 20\_ - 20** . APPLICANT will be enrolled OR is anticipated to be enrolled **Full-Time** in an undergraduate/graduate degree-seeking program (identified above) for the Academic Year **2017-2018**.  LIST Degree Program CURRICULUM from (start of) FIRST YEAR to COMPLETION  e.g. FALL 2017 Months: August-December  **SUMMER \_ (Year) Months: \_ *YEAR ONE***  COURSE NUMBER CREDIT HOURS COURSE TITLE                      **FALL \_(Year) Months: \_**  COURSE NUMBER CREDIT HOURS COURSE TITLE | |
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| SIGNATURE DATE | |
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**SPRING \_(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

**SUMMER \_ (Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

###### YEAR TWO

**FALL \_(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

**SPRING \_(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

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**SUMMER \_ (Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

###### YEAR THREE

**FALL \_(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

**SPRING \_(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

**SUMMER \_ (Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

###### YEAR FOUR

APPLICANT: PAGE 3

**FALL \_(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

**SPRING \_(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

**(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

**(Year) Months: \_**

COURSE NUMBER CREDIT HOURS COURSE TITLE

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