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Section: 1. Introduction	
Authority: Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396	
Effective Date: August 1, 2012	Revision Date:

The Native Hawaiian Health Scholarship Program (herein “NHHSP”) is authorized by the Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396. The program is administered by the U. S. Department of Health and Human Services (HHS), Health Resources Services Administration (HRSA), Bureau of Clinician Recruitment and Service (BCRS), Division of the Nurse Corps Scholarship Program (NCSP) under Award No: 5 U1MHP00019-12-00, Project Period 3/01/2002 through 7/31/2004.

The intended long-term impact of the Native Hawaiian Health Scholarship Program (herein “NHHSP”) under the Native Hawaiian Health Care Improvement Act of 1992 is the improved health status of Native Hawaiians. This will be achieved through comprehensive health promotion, disease prevention and health services through the development and expansion of Native Hawaiian health care service infrastructures. This capacity-building effort is supported, in part, by the NHHSP by increasing the number of Native Hawaiian health care professionals trained in those disciplines and specialties most needed to deliver quality, culturally competent, health care to Native Hawaiians in the State of Hawai'i. Three main components comprise the NHHSP:

- Federal Scholarships to Native Hawaiians pursuing careers in designated health care professions,
- Placement of NHHSP scholars in priority Native Hawaiian communities following the completion of their training, and
- Training of NHHSP scholars in culturally appropriate ways to provide health care services in Hawaiian communities.

The Federal Government is to provide financial aid covering tuition, required fees and other educational and living expenses for qualified Native Hawaiians applying to, accepted by or enrolled in health professions programs. Students incur service obligations and payback requirements on acceptance of their scholarship award.

The purpose of this Standard Operating Procedures (SOP) Manual is to describe the processes by which NHHSP is administered, managed and carried out by the identified staff members and director. The manual describes the various tasks and action steps performed by program staff for the receiving, reviewing, processing and award of incoming applications for new and continuation applicants. It details the full scholarship application cycle, procedures for updating forms and materials used to support the program. It also describes the interaction and communication with scholarship recipients throughout their academic year and their post-graduation performance of their service obligation, with frequent checks of employment verification, until the completion of service and closing out of records.

Section: 2. Roles and Responsibilities	
Authority: Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396	
Effective Date: August 1, 2013	Revision Date:

PURPOSE: The following is a summary of the roles and responsibilities of the director of the NHHSP Scholarship Program and key NHHSP Scholarship Program staff working under his/her direction to fulfill the mandates and mission of the Program.

- 2.1 NHHSP Director
- 2.2 NHHSP Administrative Assistant & Grants Scholarship Coordinator
- 2.3 NHHSP Coordinated Service Planning (CSP) - Program Coordinator
- 2.4 NHHSP Information Technology Coordinator
- 2.5 NHHSP Advisory Board
- 2.6 Application Review Committee

Procedure: 2.1 Director, NHHSP	
Section: 2. Roles and Responsibilities	
Authority: Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396	
Effective Date: August 1, 2012	Revision Date:

The NHHSP Director is responsible for:

- Overseeing the NHHSP Scholarship Program.
- Manage grant-funded program, work with agency directors, boards and funders; monitor and support scholarship recipients, may include counseling.
- Responsible for overall management of grant-funded program in accordance with program goals and objectives detailed in the program proposal and with applicable federal guidelines.
- Supervise support staff.
- Formulates and communicates to external constituencies the mission, objectives and service priorities of the program; develops annual operation, management and budget plans to guide and implement the program and activities.
- Prepares annual grant proposals; clarifies/negotiates contents of the proposal; fulfills program reporting requirements; ensures compliance of program activities with the funder and terms of proposal; evaluates program effectiveness and service delivery; develops and adjusts projects as necessary.
- May develop and update policies and procedures in compliance with government, funder and corporate requirements and policies.
- Follows agency policies and procedures in compliance with government, funder and corporate requirements and policies, including the Health Insurance Portability and Accountability Act (HIPAA) policies.
- Directs, coordinates and controls program activities, prepares annual operating budget.
- Signs all recommendations for approval/disapproval of funding for new and continuation scholarship recipients.
- Signs all correspondence with current/past scholarship recipients in matters of dispute regarding terms of funding/contractual obligation/service obligation payback.
- Assisting in the resolution of questions about eligibility under the current governing law.
- Negotiating agreements with private-sector parties interested in pursuing cooperative agreements with the NHHSP Scholarship Program.
- Overseeing the placement process for all graduated scholarship recipients to ensure approved service obligation placement and service requirements meet NHHSP Scholarship Program policies.
- Recommend to HRSA/BCRS/NCSP the approval or denial of funding for new and continuation scholars based on the findings of the NHHSP Application Review Committee.

Procedure: 2.2 NHHSP Administrative Assistant, Scholarship Application Coordinator	
Section: 2. Roles and Responsibilities	
Authority: Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396	
Effective Date: August 1, 2012	Revision Date:

The NHHSP Administrative Assistant, Scholarship Application Coordinator is responsible for:

- Assist Program Director with the operations of the Native Hawaiian Health Scholarship Program in accordance with federal guidelines and requirements and in accordance with program objectives.
- Provides administrative support to the Program Director to include: establishing, maintaining, and updating recipient files and records; scheduling and confirming travel arrangements for program staff; ordering and maintaining office supplies, publications, subscriptions, instructional materials, equipment; maintaining inventory records; completing and submitting required reports; and responding to all routine telephone or email inquiries as indicated by agency procedures.
- Creates, manages and updates appropriate data systems necessary to document and monitor program activities and expenditures. Assists the Program Director in budget preparation, in developing budget modifications and in monitoring program expenditures.
- Assist Program Director and IT Coordinator with the program's website, to include maintaining and updating the site as directed.
- Follows agency policies and procedures in compliance with government, funder and corporate requirements and policies.
- May assist the Program Director with the development of policies and procedures for his/her respective department.
- Review and process all new and continuation scholarship applications in a timely and accurate manner with the CSP team and director.
- Generate Incomplete and Ineligible/Low Score/Lack of Funding Denial letters during the application cycle as well as other letters as required.
- Maintains the reference library, to include the cataloging of all reference books, journals, post-secondary catalogs, updating materials; and managing the check-out and return of loaned materials.
- As directed, may represent the program in the community at health fairs and other similar activities which involve the dissemination of program information and responding to inquires about the program. Coordinates the logistical aspects of all presentations, program activities and field trips.
- Work is generally performed in an office environment, but may also require travel to secondary and post-secondary educational institutions, health agencies and community-based organizations on-island and off-island. Must have reliable transportation and the ability to travel to off-site meetings and work-related events. Neighbor Island travel may also be required. Approximately 10% of the average work week may be spent out of the office.
- Work involves frequent contact with program participants, administrators and other staff of educational institutions, staff of community-based and health organizations, and staff of federal agencies.
- Follows agency policies and procedures in compliance with government, funder and corporate requirements and policies, including confidentiality policies and the Health Insurance Portability and Accountability Act (HIPAA) policies.
- Obtaining and processing all continuation applications and supporting documentation.

Procedure: 2.3 NHHSP Coordinated Service Planning (CSP) Program Coordinator	
Section: 2. Roles and Responsibilities	
Authority: Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396	
Effective Date: August 1, 2012	Revision Date:

An NHHSP Coordinated Service Planning (CSP) Coordinator is responsible for:

I. GENERAL COORDINATION, MONITORING & COUNSELING SUPPORT SERVICES TO NHHSP SCHOLARS:

- Provide a supportive relationship with each scholar.
- Update and maintain all electronic and/or hard-copy folders of each scholar.
- Proactively meet with scholars to update their program status and address successes and barriers.
- Facilitate meetings between scholar, NHHSP, and third-party representatives (e.g., academic advisors, placement site supervisors, HRSA/BCRS/NCSP) to assess status of scholars progress and identify, address and resolve any barriers.
- Facilitate other counseling services for scholars with academic, employment preparation, professional licensure and placement issues.
- Maintain excellent documentation related to scholar contact, including ancillaries who are identified in the scholar’s contract and CSP.
- Systematically monitor and review scholar status to assure a continued supportive relationship.
- Maintain a caseload of approximately 35 to 55 “active in-education, in-transition and in-placement” scholars, while performing minimal profile updating tasks to a listing of approximately 35 program Alumni on an annual basis.
- Maintain current addresses and contact information for all scholars and third-party CSP representatives.
- Ensure confidentiality through scholar consents to obtain and release of information.

II. COORDINATED SERVICE PLANNING (CPS) AND SCHOLAR SUPPORT SERVICES:

- Facilitate and maintain a Coordinated Service Plan (CSP) for each scholar that identifies their specific goals and objectives and a timeline.
- Complete the comprehensive CSP to accompany the program contract and DCW at new scholar orientation. Thereafter, update the CSP as needed with a mandatory annual review.
- Maintain a list of support services for scholars that correspond to each phase of their CSP.
- Maintain CSP along with other supporting documents and make them available at-all-times for program audits, compliance and quality assurance reviews.
- Work directly with HRSA/BCRS/NCSP, scholarship recipients and educational institutions to coordinate appropriate and timely payment of Tuition and Fees, Other Related Costs (ORC) and stipends.
- Assess and record all issues regarding scholar’s matriculation, and review with program director and coordination team in a timely fashion or at the monthly scheduled team meetings for further analysis and determination of acuity level, and formulate a Corrective Action Plan (CAP).
- Facilitate communications with CSP teams and record outcomes of the CAP that may require pre-approval and facilitative or direct monitoring support by the program director.

- Facilitate and produce all CAP's with specific strategies and a timeline to ameliorate the issues. An evaluation of the plan's progress and final outcomes must be recorded into the scholar's CSP.
- Engage with scholars twelve months prior to placement to review potential placement sites in order of priority; monitor completion of graduation requirements, advance trainings, and licensure; and initiate discussion regarding transitional issues.
- Provide support services to increase employment readiness such as assistance with developing resumes, enhancing interviewing skills, and visiting potential employment and community sites.
- Facilitate linkage of the scholar to the employment site by establishing an interview date, and ensuring a successful interface of scholar and employment site.
- Complete the Scholar Placement Plan (SPP) with each scholar at least 3 months prior to graduation. Indicate in the plan details concerning the coordinator's monitoring requirements.
- Facilitate and monitor all scholar requests for deferment of service obligation with HRSA/BCRS/NCSP in the event that placement according to the scholar's SPP is delayed for any reason. Include in such requests a Corrective Action Plan (CAP).
- Facilitate and obtain required documentation of continued scholar service obligation and a status report from agency.
- Prepare scholar to exit program following the successful completion of the service -- preparing final documentation from NHHSP and HRSA/BCRS/NCSP for the program exit interview with scholar.
- Conduct End of Service (EOS) interviews with scholars, complete and record final program evaluations, close-out scholar's CSP, and provide scholar with all EOS documentation.

III. **WAIVER/DEFAULT PROCESSING**

- All waiver/default issues and requests must be reviewed by NHHSP's director for plan of action.
- Assist scholar in processing waiver requests to submit to HRSA and OLC.
- Report to HRSA and OLC scholarship recipients who will not or cannot complete their service obligations.
- Maintain confidential records related to waivers and defaults.
- Prepare recommendation of waiver/default status.
- Forward scholarship recipient records to HRSA and OLC.

IV. **NHHSP SCHOLARSHIP APPLICATION PROCESS**

- Review and process all new and continuation scholarship applications in a timely and accurate manner as directed by NHHSP director.
- Obtain and process all continuation applications and supporting documentation.
- Qualify and Coordinate the obligation of HRSA funds for selected scholars via the Data Collection Worksheet (DCW) and its process, as well as prepare all HRSA required documents in moving toward award notifications.

Procedure: 2.4 Information Technology Coordinator	
Section: 2. Roles and Responsibilities	
Authority: Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396	
Effective Date: August 1, 2012	Revision Date:

Information Technology Coordinator is responsible for:

- Implementation and maintenance of office technology to ensure compliance with NHHSP needs.
- Create and maintain databases that address Applications and CSP programmatic needs consistent with that of NHHSP's Cooperative Agreement with HRSA.
- Record and update database user guidelines as well as policies and procedures in compliance with POL, NHHSP and Federal OMB requirements as stipulated by HRSA.
- Maintain the technical aspects of the NHHSP website, as well as maintain website content (i.e., posting of the on-line Application survey, public announcements, notices to scholars and other program affiliated organizations (i.e., HRSA, POL, NHHCS, participating scholar institutions).
- Develop and generate timely reports from the database as driven by NHHSP Administration and CSP program requirements.
- Provide IT related training and support to NHHSP staff.
- Create database to streamline the ranking process to culminate in recommended Short List to the HRSA/BCRS/NCSP of applicants to be awarded.
- Collaborate with the Administrative Assistant in facilitating the NHHSP Application Process.
- Assist in the monitoring, light maintenance, purchasing and ordering supplies with regards to the program's copier.
- Assist all NHHSP staff with the technical aspects of the program's telephone system and other technical systems (i.e., computer, email, back-up, network connectivity, network support infrastructure).
- Generate reports as directed by the Program Director.
- Follow agency policies and procedures in compliance with government, funder and corporate requirements and policies, including the Health Insurance Portability and Accountability Act (HIPAA) policies.
- Performs other related duties and responsibilities as assigned.

Procedure: 2.5 NHHSP Advisory Board	
Section: 2. Roles and Responsibilities	
Authority: Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396	
Effective Date:	Revision Date:

NHHSP Advisory Board is responsible for:

The NHHSP Advisory Board members are selected by the Director and are made up of former NHHSP scholars, community representatives and Papa Ola Lokahi (POL) staff members. The primary role of the Advisory Board is to assist and help provide guidance to the program's Director on all matters concerning NHHSP. NHHSP Advisory Board members may also service as members of the NHHSP Application Review Committee.

Procedure: 2.6 NHHSP Application Review Committee	
Section: 2. Roles and Responsibilities	
Authority: Native Hawaiian Health Care Improvement Act of 1992, Public Law 102-396	
Effective Date: September 2011	Revision Date:

The Application Review Committee is responsible for:

The NHHSP Application Review Committee is selected by the Director and includes the NHHSP staff, POL staff, members of the Advisory Board and former NHHSP scholars. The committee assesses past performance of new and continuation applicants to ensure the recipient's success in a health professions education program. Members of this committee are facilitated by the program's Scholarship Application Coordinator who provides all pertinent Application information and documentation on each applicant to committee members for review. The committee members review and score new applications, according to the policies established by NHHSP. This review is conducted during the annual review period, scheduled during January 15th through March 31st of each year.

Section: 3. NHHSP Scholarship Application Cycle	
Authority: N/A	
Effective Date: August 1, 2012	Revision Date: December 1, 2013

The NHHSP application and interview cycle opens December 1st and closes on March 31st for continuation applicants and new applicants. Applicants must apply online and submit their applications and required documentation within 30 days upon completing the NHHSP online session #1, which must be completed by March 1st. Online Session #2 must be completed before the applicant is scheduled for an interview, and completed no later than March 21st and prior to the overall deadline of March 31st.

The following procedures outline the tasks required of NHHSP staff in preparation for, during and after the application cycle has closed in order to identify the applicants who will receive funding from NHHSP.

These procedures are written to outline the responsibilities of NHHSP staff to complete each task. The procedures that you will find include:

- 3.1 Preparing for the Opening of the Annual Application Cycle
- 3.2 Appointing the Application Review Committee
- 3.3 New Scholarship Applications
- 3.4 Continuation Scholarship Applications
- 3.5 Unlocking Online Applications
- 3.6 Resolving Online Application Errors

Procedure: 3.1 Preparing for the Opening of the Annual Application Cycle	
Section: 3. NHHSP Scholarship Application Cycle	
Authority: N/A	
Effective Date: August 1, 2012	Revision Date:

PURPOSE: These procedures outline the tasks required in preparation for the opening of the annual NHHSP application cycle.

PROCEDURE:
Application and APG

1. The Director, Scholarship Application Coordinator, IT Coordinator and CSP Program Coordinator reviews the APG to determine if the content or forms need to be corrected or updated.
2. Once the APG has been reviewed, the APG is sent to HRSA and OLC by June 1st for final approval. The APG is anticipated to be approved no later that December 1st.

Website

1. Upon approval of changes to the APG, the Director will work with NHHSP IT Coordinator to update all website content to ensure consistency with updates in the APG.
2. In addition, the Director will ensure that all contact information contained on the website pages will be updated as needed prior to the opening of the Application Cycle. Note: Changing information on the NHHSP website is a continuous process, and the Director will ensure that the IT Coordinator responsible for website updates are kept informed of all necessary changes.

Online Application

1. The Director will initiate a focus group, no later than August 1st in preparation for updating the Online Application portals (new application, continuation application and application review). It will be a collaborative effort in identifying the successes and areas needing improvement for the online application.
2. The identified areas of improvement will be forwarded by the Director to the IT Coordinator for programming and testing in preparation for the opening of the application cycle on December 1st.

Federal Register Notice

1. HRSA will notify NHHSP as to the preparation and timeline concerning the announcement for the Federal Register Notice.

Staff Training

1. The Director will plan and schedule staff training related to the NHHSP application cycle, to be conducted starting no later than October 14th. Training will focus on changes to the online application based on feedback from the annual focus group initiated by the Director and will be reviewed by Program Coordinators, IT Coordinator and the Scholarship Application Coordinator.

Procedure: 3.2 Appointing the Application Review Committee	
Section: 3. NHHSP Scholarship Application Cycle	
Authority: N/A	
Effective Date: August 1, 2012	Revision Date: August 1, 2014

The NHHSP Application Review Committee is selected by the Director and includes the NHHSP staff, POL staff, members of the Advisory Board and former NHHSP scholars. The committee assesses past performance of new and continuation applicants to ensure the recipient's success in a health professions education program. Members of this committee are facilitated by the program's Scholarship Application Coordinator who provides all pertinent Application information and documentation on each applicant to committee members for review. The committee members review and score new applications, according to the policies established by NHHSP. This review is conducted during the annual review period, scheduled during January 15th through March 31st of each year

PROCEDURE:

The Director will select and contact each reviewer to confirm their participation in the Application review and interview process. From January 1st through January 14th, training of the reviewers by the Director and Scholarship Application Coordinator will cover all aspects of the required documents contained in the NHHSP Reviewer (Facilitator/ Evaluator) handbook.

Procedure: 3.3 New Scholarship Applications	
Section: 3. NHHSP Scholarship Application Cycle	
Authority:	
Effective Date: August 1, 2012	Revision Date: August 1, 2013

PURPOSE: The opening of the new application cycle begins in December and continues until March 31. During this time, all qualified Native Hawaiian students interested in applying for NHHSP funding can submit their applications and supporting documentation for review by the NHHSP administration. The following procedures outline the tasks required by the Scholarship Application Coordinator and IT Coordinator, when receiving, reviewing and processing new applications for NHHSP funding.

PROCEDURE:
Online Application

Applicants must submit their application via the online portal accessible via the online application at www.NHHSP.org.

The NHHSP online application incorporates the Application Process and Instructions, Application Checklist and Advisory, APG, Native Hawaiian Ancestry Advisory, Disadvantaged Background Advisory, Official College Transcript Advisory, as well as NHHSP forms A through I as indicated below:

- Form A: Applicant Resume Instructions & Guideline*
- Form B: NHHSP Questionnaire & Applicant Narrative Statement*
- Form C: Memorandum Regarding Conflicting Federal Service Obligations*
- Form D: Certification Regarding Debarment, Suspension, Disqualification, and Related Matters*
- Form E: Delinquent Federal Debt*
- Form F: Authorization to Release Information*
- Form G: Course Curriculum Worksheet*
- Form H: Academic Faculty/Advisor Evaluation of Applicant*
- Form I: Employer Evaluation of Applicant*

In addition to submitting the online application, applicants must also submit all required supporting documentation as outlined in the Application Process and Instructions within 30 days of their online session #1, but no later than the March 31 deadline. Submission of this information will begin the review process by the Scholarship Application Coordinator and Reviewers in preparation for the required interviews scheduled to take place between January 15 and March 31st. Interviews are conducted with the applicant either appearing in person or via skype as may be required.

Processing New and Continuation Funding Scholarship Applications and Awards

The NHHSP IT Coordinator will:

1. The IT Coordinator, according to Online Application protocol as determined by the Director and focus group will set up Application Online Session #1 and Online Session #2 for new applicants, and provide an automated system that indicates a seamless transition between both sessions. Upon an applicant's completion of Online Session #1, the database is programmed to prepare required User ID, Passwords and notification that will alert the applicant that they are ready to complete Online Session #2. The Online Session #2 notification is sent by the Scholarship Application Coordinator once the applicant's required documentation is in receipt and noted in the database.
2. Per continuation funding online application protocol as determined by the Director and focus group, the IT Coordinator will set up the Continuation Funding Application under a separate survey on the NHHSP website. Also, a separate FileMaker Pro database will be created to capture these specific scholars applying for Continuation Funding Scholars (CFS). The CFS applications will have the same deadlines as for new applicants.
3. Receive and date all application data via the online Lime Survey at application.nhhsp.org and transfer such data to the NHHSP FileMaker Pro "Application Database" on a daily workweek schedule.
4. The data becomes available to the Scholarship Application Coordinator for further processing.
5. Supports the Scholarship Application Coordinator by producing various reports required for the review and interview process.
6. Provides technical assistance to Applicants regarding the online application process.
7. Provides technical assistance to the Applicants in preparation for their live Skype interviews.
8. Prepares a weekly report on the status of applicants as well as any status updates regarding the overall IT effort (i.e., website/portal systems, application data transfers and website & data security).
9. Backs up the online application process and makes required changes or alterations as directed by the Director.
10. Responsible for starting and closing the online website application as directed by the Director.
11. May also serve as a facilitator and reviewer of applications and interviews as indicated by the Scholarship Application Coordinator and Director.
12. Supports the Director, SAC, and ARC with technical assistance required for the Application Selection Analysis.
13. Supports SAC with technical assistance required for notification of award status.
14. Provide and present IT performance analysis and recommendations for NHHSP debriefing and evaluations of the NHHSP Application Process concerning the website, Limesurvey, and FileMaker Pro databases by May 28th.
15. Support SAC and CSP/Facilitator in preparing the required selected scholar documents and HRSA contracts to be submitted to HRSA by May 23rd.
16. Support the Director and SAC with the Scholar Orientation on May 21st.
17. Prepare selected scholar application data for transfer to the main NHHSP Scholar Database once scholar selection is approved by HRSA per HRSA's acknowledged return receipt of scholar HRSA contracts and DCWs, anticipated no later than September 30th.

The NHHSP Scholarship Application Coordinator (SAC) will:

1. Receive, date and review all applications via the NHHSP Application Database to include new applicants as well as Continuation Funding Scholars (CFS).
2. Receive, date, inventory and file all required applicant hardcopy documents submitted via mail, fax, e-mail and hand-deliveries.
3. When applicable and as driven by the new applicant Application Database, notification is sent via email to advise applicants of their eligibility to access the NHHSP Online Session #2, where applicants respond to additional secondary profile information. Online Session #2 must be completed before the applicant is scheduled for an interview. Online Session #2 must be completed no later than March 21st and prior to the overall deadline of March 31st.
4. The CFS applications and required documentation are to be received, dated, and prepared to be transferred to the existing scholars' CSP Program Coordinator for all processing.
5. Schedules and notifies applicants via phone of their Interviews and records such in the database and on the NHHSP Program Calendar. Applicants are also notified via e-mail confirming their interview date and time.
6. Schedules and notifies Interview Facilitators (CSP Coordinators) and Interview Evaluators (members of the ARC) via Microsoft Outlook scheduler of interview dates and times.
7. Prepares and disseminates pertinent information and documents of applicants to be reviewed by Interview Facilitators and Evaluators (members of the ARC).
 - Application Review instructions.
 - Application Interview Evaluation Form with the applicant's identifying information.
 - Conflict of Interest/Confidentiality/Request for Information form.
 - Applicant Resume (Form A).
 - Applicant Narrative Statement (Form B).
 - Applicant Verified GPA worksheet.
 - Interview questionnaire.
 - Facilitator note sheets.
 - Evaluator note sheets.
 - Facilitator's Summary Evaluation Form (Score Sheet Summary).
8. Collects, reviews, and stores all interview documents upon completion of the Applicant interview. Verifies interview scores are mathematically correct and enters such in the Application Database Applicant Selection Analysis. Makes required notations and any follow-up with Applicant in the Application Database "Notes" field.
9. Interface with Director and Application Review Committee on the Application Selection Analysis stored in the Database.
10. Responds to all applicant updates and inquiries with the support of other NHHSP staff. Makes required notations of such contacts in the Application Database "Notes" field.
11. Maintains and secures the hardcopy applicant files and documents.
12. Assists Director and Application Review Committee in notifying selected applicants of their potential award, as well as those applicants selected as "Alternates" by May 9th.
13. Assists Director and Application Review Committee in immediately notifying those applicants who are ineligible.
14. Assist Director and ARC in notifying by May 9th those applicants who were not selected for an award.

15. Scans and secures both original and copy of each applicant's proof of Native Hawaiian Ancestry. The scanned copy is archived in the Application Database.
16. All original birth certificates and documents that show proof of Native Hawaiian Ancestry for those applicants selected will be retained by NHHSP. Such original documents for those applicants not selected will be mailed back to the applicant.
17. Assist the Director and other NHHSP staff in preparing the newly-selected scholars' cohort contracts and required documents to be sent to HRSA by May 22nd.
18. Assist the Director in preparing and scheduling the NHHSP application process debriefing and evaluations to take place no later than May 28th.

The CSP Coordinator/Interview Facilitator will:

1. Obtain Applicant documents from the SAC and access (new and CFS) applicants online application via the Application Database for a complete review.
2. Confirm -- a second time -- that the applicant submitted required original supporting documents.
3. Verify that all required signatures are present.
4. Thoroughly review the supporting documentation for new applicants as follows and determine if the applicant is eligible, ineligible or incomplete. The CSP Facilitator will also identify the applicant's assets and deficits and will notate such in the Facilitator's notes in preparation for required follow up and the applicant's interview. The CSP/Facilitator will review the following items:
 - ***Proof of Hawaiian Ancestry***
 - ***Applicants Official College Transcripts (Verify Post-Secondary Grade Point Average)***
 - ***Applicant's Letter of Acceptance from College Institution***
 - ***Form A: Applicant Resume***
 - ***Form B: NHHSP Questionnaire & Applicant Narrative Statement***
 - ***Form C: Memorandum Regarding Conflicting Federal Service Obligations***
 - ***Form D: Certification Regarding Debarment, Suspension, Disqualification, and Related Matters***
 - ***Form E: Delinquent Federal Debt***
 - ***Form F: Authorization to Release Information***
 - ***Form G: Course Curriculum Worksheet***
 - ***Form H: Academic Faculty/Advisor Evaluation of Applicant***
 - ***Form I: Employer Evaluation of Applicant***
5. Send an email or contact the applicant by phone and explain what documentation requires attention, if necessary.
6. Based on the review of the applicant and their supporting documents, CSP/Facilitator will prepare and conduct a briefing for Evaluators 15 minutes prior to the applicants 45 minute interview. The Facilitator will reiterate scoring instructions with Evaluators and summarize the outcomes of the evaluation in a 15 minute wrap up session following the applicant's interview. The pre-interview briefing serves to fortify the applicant's information already provided to Evaluators in their evaluation packets.
7. If necessary, the CSP/Facilitator updates the Applicant Database with "Verified" profile information, GPA, education program start date, projected graduation date, and the number of months applicant is requesting scholarship funding.
8. The CSP/Facilitator collects all evaluator packets for each interview including all notes and returns them to the SAC for further processing and filing. Also, included are further instructions to the SAC on any necessary follow-up.

9. Per Director, identify and prepare Data Collection Worksheet (DCW) requests to colleges and institutions for verification of Tuition and Fees and Other Related Costs for new applicants and CFS scholars. The CSP/Facilitator will also calculate the scholar stipend to be entered into the DCW as well as the Database.
10. Upon receipt of institutions final DCW, CSP/Facilitator will enter DCW figures into the Application Database, and prepare final DCW for submittal to HRSA by May 23rd.
11. CSP/Facilitator will participate with ARC and the Director in the final analysis and selection of the new scholar cohort and verify the list of CFS scholars.
12. CSP/Facilitator will participate with the Director and SAC in the Scholar Orientation planned for May 21st.
13. CSP/Facilitator will assist SAC with final preparation of all required selected scholars' documents and HRSA contracts for submittal to HRSA by May 23rd.
14. CSP/Facilitator will participate in the debriefing and evaluation session planned for May 27th – May 28th.
15. Once scholar HRSA contracts and DCWs are approved by HRSA, the Director will assign the new cohort to a specific CSP Coordinator. The approved CFS scholars will remain with their current CSP Program Coordinator for processing. The CSP Coordinators are to verify the existence of the new and CFS cohort in the NHHSP Scholar Database, obtain scholar hardcopy files from SAC, then notify the scholar of their appointment as the CSP Program Coordinator of record.

Award Selection

1. By the end of the first week of May:
 - A review of the selection analysis will be reviewed by NHHSP Staff and the ARC as facilitated by the Director. The general selection criteria is referenced in the APG. The specific criteria used in the analysis reflect the scores for the following items:
 - Interview Score
 - Scores from Academic and Work Related References.
 - Verified Cumulative Post-Secondary Education Grade Point Average.
 - Priority Points for Continuation Funding Scholars.
 - Priority Points for NHHSP Alumni Scholars.
 - Priority Points for Institution Certified Disadvantaged Background Applicants.
 - Priority Profession Points
 - Concession Points for Master Practitioner(s)/Advocate(s) Recognized by the Native Hawaiian Health Community.
 - Concession Points for Neighbor Island Applicants Disadvantaged by the Requirement to Re-locate and be Domiciled on another Hawaiian Island to Attend College in the State of Hawai'i.
 - Merit Points for Academic Advance Standing Status which Considerably Reduces the Normal Length of Time a Scholar must spend in their College Program.
 - The Director, with the support of the SAC, will prepare the short list of new selected applicants and continuation funding scholars to be reviewed by NHHSP Staff and the ARC for approval before sending a preliminary list of NHHSP selections to HRSA by May 7th.
 - The SAC with the support of the IT Coordinator will send out notification by May 9th to selected scholars via EchoSign to ascertain whether they intend to accept or decline an offer of an award. Selected scholars will have 5 working days to respond or notify NHHSP no later than May 14th.

- The SAC with the support of the IT Coordinator will send out notification to those applicants selected as alternates in the application process by May 9th. Notification will be made by EchoSign with the request for the applicant to indicate whether or not they intend to accept the status as an Alternate. NHHSP will ask for a response within 5 working days or no later than May 14th. Notification to applicants selected as Alternates cannot be done until HRSA completes their review of the NHHSP recommended selected cohort which may not be completed until September 30th.
- Once NHHSP is in receipt of HRSA's acknowledgement of selected scholars, their budgets, and DCWs, NHHSP will:
 - Generate Award Letters for scholarship recipients and request that scholar complete Direct Deposit Sign-Up document and W-4 declaration, and return to NHHSP that will be sent on to HRSA to establish scholar BMISS account.
 - Generate Third-Party billing request to the recipient's college/university bursar's office on behalf of NHHSP/HRSA.
 - Review HRSA approved DCW scholar funding and enter final budget figures into NHHSP Scholar Database.

Procedure: 3.4 Continuation Scholarship Applications	
Section: 3. NHHSP Scholarship Application Cycle	
Authority:	
Effective Date:	Revision Date:

PURPOSE: The online continuation application cycle opens December 1st and continues through March 31st. The online instructions details the required continuation application documents as referenced below. All current scholarship recipients who are remaining in their respective college programs identified in their Education Profile may apply for continued scholarship funding via the nhhs.org as instructed by your CSP Program Coordinator.

PROCEDURE:
Online Applications

1. The online application for continuation applicants incorporates the Continuation Application that requests supporting documentation, including most recent transcript, updated curriculum, resume, Academic and Employer Evaluations, graduation date, and any changes to the scholar’s identifying information.
2. In addition to submitting their online application, continuation students must submit all required supporting documentation no later than March 31st. Submission of this information will begin the review process.

Required Forms

- *Form A: Applicant Resume*
- ~~*Form B: NHHSP Questionnaire & Applicant Narrative Statement (not required).*~~
- *Form C: Memorandum Regarding Conflicting Federal Service Obligations*
- *Form D: Certification Regarding Debarment, Suspension, Disqualification, and Related Matters*
- *Form E: Delinquent Federal Debt*
- *Form F: Authorization to Release Information*
- *Form G: Course Curriculum Worksheet*
- *Form H: Academic Faculty/Advisor Evaluation of Applicant*
- *Form I: Employer Evaluation of Applicant*

Processing Continuation Funding Scholar (CFS) Applications and Awards

The SAC will receive all application documents from the CFS scholar and review the scholars’ online application data. All documentation received by the SAC will be submitted to the CFS scholar’s current Program Coordinator for a full review and processing. The Program Coordinator will have access to the online application in the CFS application database.

1. The complete continuation application packets must contain:
 - The Forms that are referenced above.
 - Letter of Acceptance/Proof of Application or Letter of Good Academic Standing.
 - Most recent official Transcripts.
2. The CSP Program Coordinator will send a reminder to continuation applicants of any outstanding documentation required to complete the application by March 21st. This notification will provide the applicant the opportunity to complete his or her application by the March 31st deadline in order to be eligible to receive continued scholarship support.
3. The CSP Program Coordinator will schedule an interview with the CFS scholar to review all application documents and verify all required information to make a recommendation for funding to the Director and the ARC. This interview will be conducted either in person or via Skype and will take approximately 45 minutes. The interview will be facilitated by the CSP Program Coordinator with members of the ARC in attendance along with the Director. The interview must be completed no later than March 14th.

Approved Continuation Applications

The following steps must be completed no later than the first week of May:

- The CSP Program Coordinator(s) will prepare the CFS scholar applicants' application packet and make recommendation to the ARC and Director for consideration in the current cohort funding year.
- The Director and the ARC will make the final recommendations to include CFS scholars in the short list submitted to HRSA on May 7th. Should a CFS scholar not be recommended, the scholar will be notified within 1 week of the final decision.

The CSP Program Coordinator(s) will make certain that the awards made to approved CFS scholars in the current cohort funding year is indicated in the Scholar Database accordingly (i.e., 2013-2014 scholar receiving 2014-2015 CFS cohort funding award).

- Once NHHSP is in receipt of HRSA's acknowledgement of selected scholars, their budgets, and DCWs, NHHSP will:
 - Generate Award Letters for scholarship recipients and request that scholar complete once again the Direct Deposit Sign-Up document and W-4 declaration, and return to NHHSP that will be sent on to HRSA to update or re-establish scholar BMISS account.
 - Generate Third-Party billing request to the recipient's college/university bursar's office on behalf of NHHSP/HRSA.
 - Review HRSA approved DCW scholar funding and enter final budget figures into NHHSP Scholar Database.

Appendices

2014-2015 NHHSP Application Online Session #1

Progress:

Aloha Applicant,

You are about to begin Session 1 of the 2014-2015 NHHSP Online Application. Be sure that you have read the NHHSP Application Process & Instructions thoroughly and are prepared to complete this application.

REMINDER: Have you completed NHHSP recommendations in Step 1 to gather the required information for Online Session #1 - Applicant Profile?

If you are ready to apply, click "Next" below.

- The NHHSP Staff

There are 54 questions in this survey.

Next


Exit and clear survey

2014-2015 NHHSP Application Online Session #1

Progress:

0% 100%

Online Session #1—PART (I): Eligibility Screening:

*** Are you of Native Hawaiian Ancestry and able to provide proof and documentation of such (i.e., Birth Certificate)?** 

Yes No



According to 42 U.S.C. 11711(3), "the term 'Native Hawaiian' means any individual who is—
(A) a citizen of the United States, and
(B) a descendant of the aboriginal people, who prior to 1778, occupied and exercised sovereignty in the area that now constitutes the State of Hawai'i, as evidenced by—
(i) Genealogical records,
(ii) Kūpuna (elders) or Kama'aina (long-term community residents) verification, or
(iii) Birth records of the State of Hawai'i."

*** Are you willing to relocate to any island after your education and required licensure to complete the mandatory service obligation component of the NHHSP?**

Yes No

*** Are you currently under a federally-funded scholarship that has a service obligation component to be completed in the future?** 

Yes No

*** Do any of the following situations apply to you?**

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into an application to participate in this program is required to notify the Federal agency office if the applicant knows that he or she:

A. Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;

B. Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:

- * commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
- * violation of Federal or State antitrust statutes; or
- * commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;

C. Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or

- Within a 3-year period preceding the application, has had any public

transaction (Federal, State, or local) terminated for cause or default.

Yes No

*** Are you delinquent on the repayment of any Federal Debt(s)?**

Yes No

? *Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent by the Native Hawaiian Health Scholarship Program.*

*** Please Select the Specific Professional Degree you are seeking from the NHHSP list of eligible programs/degrees for School Year 2014-2015 (If your particular program/degree is not listed here, you are ineligible for the NHHSP Program, and can exit the Pre-Qualifying process now):**
Choose one of the following answers

- Clinical Psychology; Doctoral Degree - PsyD or PhD
- Dentistry; Doctoral Degree - DDS or DMD
- Dental Hygiene; Bachelor's of Science Dental Hygiene
- Dietetics; Master's of Science Dietetics
- Marriage Family Therapy; Master's Degree - MFT
- Associates Degree in Nursing - ADN
- Bachelor's of Science Degree in Nursing - BSN
- Master's of Science Degree in Nursing; Public Health - MSN-MPH
- Master's of Science Degree in Nursing; Nurse Practitioner - MSN-NP
- Master's of Science Degree in Nursing; Midwifery - MSN-NM
- Medicine; Doctoral Degree in Medicine - MD or DO
- Optometry; Doctoral Degree - MD or OD
- Pharmacy; Doctoral Degree - PharmD
- Physician's Assistant; Master's Degree - PA
- Public Health; Master's Degree in Public Health - MPH
- Social Work; Master's in Social Work - MSW

*** Are you:**

A.) Already **enrolled or accepted as a full-time student** in a **fully accredited** health professions program located in a State, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia, and **registered or registering for classes beginning no sooner than July 1, 2014, but no later than September 30, 2014.** Applicants attending unaccredited schools, on a part time basis, and outside of these geographic areas are not eligible for the Program, although they

may be citizens of the United States and of Native Hawaiian ancestry.

OR

B.) A **new student applying** in a **fully accredited** health professions program located in a State, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia, and **registering for classes beginning no sooner than July 1, 2014, but no later than September 30, 2014**. Applicants attending unaccredited schools, on a part time basis, and outside of these geographic areas are not eligible for the Program, although they may be citizens of the United States and of Native Hawaiian ancestry.

OR

C.) Neither of the above (If selecting "C", you are not eligible for a scholarship with NHHSP, and can exit the Pre-Qualifying process now).

Choose one of the following answers

Please choose... ▼

Previous

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Exit and clear survey

2014-2015 NHHSP Application Online Session #1

Progress:

0% 100%

Online Session #1—PART (II): Applicant Profile

*** Do you authorize your educational institution, university or college, to disclose and release information to NHHSP, Papa Ola Lokahi, Inc. (POL), and the federal Department of Health and Human Services (DHHS) about your enrollment? A form will be provided for your written consent.**

Yes No

*** First Name:**

*** Middle Name:**

*** Last Name:**

Maiden Name (if applicable, as indicated on applicant's birth certificate):

*** Indicate your gender:**

Choose one of the following answers

Female
 Male

*** Last four digits of your Social Security Number:**

*** Date of Birth (MM-DD-YYYY):**

? *Hint: Select Month first, then Year, then Day when choosing a date.*

*** Home island:**

Choose one of the following answers

Please choose... ▼

*** Street Address:**

? *Students in transition: You must provide an address that is not subject to change in the next 12 months.*

*** City:**

? *Students in transition: You must provide an address that is not subject to change in the next 12 months. You must type out the full name of your City (no abbreviations).*

*** State:**

? *Students in transition: You must provide an address that is not subject to change in the next 12 months. You must type out the full name of your State (no abbreviations).*

*** ZIP:**

? *Students in transition: You must provide an address that is not subject to change in the next 12 months.*

*** Phone No (ex: 808-123-1234):**

? *Students in transition: You must provide a phone number that is not subject to change in the next 12 months.*

*** E-Mail Address:**

? *Students in transition: You must provide an e-mail address that is not subject to change in the next 12 months.*

*** Name of Institution, University or College Applied or Applying to:**
Choose one of the following answers

Please choose... ▼

? *If your College or University is not on this list, choose "Other" and type the name of the College for which you are seeking an NHHSP scholarship.*

*** Is your School/College and Program primarily online?**

Yes No

*** What is the 6-digit Federal School Code for the institution you are seeking NHHSP funding for?**

? [Click here to visit FAFSA.gov's School Code Search Tool.](#)

*** Name of specific School/College and Program applied or applying to:**

? *e.g. The John A. Burns School of Medicine, or the Daniel K. Inouye College of Pharmacy.*

*** Program Street Address:**

*** Program City:**

? *You must type out the full name of your City (no abbreviations).*

*** Program State:**

? *You must type out the full name of your State (no abbreviations).*

*** Program ZIP:**

*** College/University and Program Advisor - Contact Person (name):**

 Indicate the person's name and title. If uncertain at this time, please indicate "Uncertain."

College/University and Program Advisor - Contact Person Phone No (ex: 808-123-1234):

*** Is the School/College and Program you've selected ACCREDITED?**

Choose one of the following answers

Yes

No

Not Sure



It is mandatory that NHHSP scholars attend ACCREDITED Schools/Colleges and Programs that are congruent with national healthcare professional standards and ethics established by such organizations as the American Medical Association (AMA), the National Association of Social Workers (NASW), American Dental Association (ADA), etc.

*** Are you eligible for In-State tuition at the college/university that you anticipate to attend in 2014-2015?**

Choose one of the following answers

Yes

No

Have you received a "Verification of Disadvantaged Background Status" from your School/College's financial aid office?

If "Yes," prepare to submit the documents to NHHSP.

Choose one of the following answers

Yes

No

Not Applicable



CRITERIA FOR DISADVANTAGED BACKGROUND STATUS:

- Come from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged). The following are provided as examples of "Environmentally Disadvantages" for guidance only and are not intended to be all-inclusive.

Examples:

- Person from high school with low average SAT/ACT scores or below the average State test results.
- Person from a school district where 50 percent or less of graduates go to college.
- Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
- Person for whom English is not his or her primary language and for whom language is still a barrier to academic performance.
- Person who is first generation to attend college.
- Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.
- OR -
- Come from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged).
- The Secretary defines a "low income family" for various health professions and nursing programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives.

*** Have you received an NHHSP scholarship award in the past?**

Yes No

*** Do you have a high school diploma or GED?**

Choose one of the following answers

High School
Diploma

GED

*** Please indicate your current Education level:**

Choose one of the following answers

Please choose... ▼

*** What was your degree in?**

 e.g. Medicine, Social Work, Nursing, Public Health, etc.

*** Indicate your cumulative GPA based on your most recent college transcript.**

 Provide your GPA as indicated on your transcript.

*** Based on your current or proposed college/program curriculum (for which you are seeking an NHHSP award), how many months of schooling will be required to obtain your desired degree beginning July 1, 2014?**

Choose one of the following answers

Please choose... ▼



e.g. Four year Medical Student: Enrolled at JABSOM beginning January 1, 2014, is applying to NHHSP for funding now. This student is not eligible to receive funds from NHHSP to reimburse the tuition and expenses for the Spring 2014 semester because the NHHSP award for this funding cycle begins July 1, 2014. 4 Years = 48 Months = Total Program months minus 6 months (Spring Jan-June 2014) = 42 months.

*

Based on your desired degree and course curriculum, indicate the approximate date you started or will start your program:

NOTE: The Letter of Acceptance from your college is required by NHHSP. This letter will verify your start date.



Hint: Select Month first, then Year, then Day when choosing a date. If you do not know the exact day your program will start, choose the expected month and year, and choose the 1st, as the day of the month.

*

When is your projected graduation date?



Hint: Select Month first, then Year, then Day when choosing a date. If you do not know the exact day you will graduate, choose the expected month and year, and choose the 1st, as the day of the month.

*

What is your program's published and estimated annual cost for your Tuition, Taxes, and Fees (TTF)?

*

What is your program's published and estimated annual cost for your Other Related [Educational] Costs (ORC)?



e.g. Books, supplies, lab costs, clinical supplies, health insurance, etc.

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Exit and clear survey

2014-2015 NHHSP Application Online Session #1

Progress:

0%  100%

Online Session #1—PART (III): Applicant Documents and Forms

*

Online Session #1—PART (III):

Application Documents and Forms

This step identifies specific documents to be read and acknowledged by the Applicant, as well as forms that must be completed and submitted to NHHSP within 30 days from the date of the Applicant's Online Session #1. The applicant must download these documents and forms to their computer. Important Note: While you are online in our website, click on the bolded headlines below to download:

- **Download Application Checklist:** This form is for the applicant to keep track of task completion and submittal dates of required program documents.
- **Download a copy of the NHHSP—School Year 2014-2015 Application & Program Guidance,** and known as the APG. Applicants should read and retain this document contain-ing the authorities, purpose, and guidelines regarding the program.
- **Download Instructions: Proof and Documentation by Applicant of Native Hawaiian Ancestry:** This document is for the applicant's review and action. Applicants must submit - by the deadline indicated above - an original copy of their birth certificate and/or other documentation to show proof of their Hawaiian Ancestry. These documents will be returned to the applicant by NHHSP after scholarship awards are made. NOTE: Those applicants who are reapplying to NHHSP, and have already submitted their birth certificate or proof to NHHSP in the previous 2011 and 2012 application years, please indi-cate so in a brief statement (noting the application year) and submit to NHHSP by the deadline.
- **Official College Transcripts:** Applicants must request their official College Transcripts from ALL of their previous and current College institutions, and have the College send them directly to the Native Hawaiian Health Scholarship Program at 894 Queens Street, Honolulu, Ha-wai`i, 96813. NOTE: Applicants who are reapplying and have already submitted their transcripts in the previous 2011 and 2012 application years, must have their College send only updated transcripts. NOTE: Applicants applying specifically for an Associate's Degree in Nursing, must have their High School transcripts sent directly from the School to NHHSP, as well as verification (college transcripts/current enrollment) indicating the completion or progress of all A.D.N. program prerequisite courses.

Also, download, complete, and submit the following forms within 30 days from the date of the Applicant's Online Session #1. The applicant must download these forms and their instructions to their computer. Click on the bolded and underlined headings to download:

Form A: Applicant Resume Instructions & Guideline

Form B: NHHSP Questionnaire & Applicant Narrative Statement

Form C: Memorandum Regarding Conflicting Federal Service Obligations

Form D: Certification Regarding Debarment, Suspension, Disqualification, and Related Matters

[Form E: Delinquent Federal Debt](#)

[Form F: Authorization to Release Information](#)

[Form G: Course Curriculum Worksheet](#)

[Form H: Academic Faculty/Advisor Evaluation of Applicant](#)

[Form I: Employer Evaluation of Applicant](#)

Original Birth Certificate and/or Proof of Ancestry, along with completed and signed hardcopies of Forms A through G must be mailed to:

The Native Hawaiian Health Scholarship Program

894 Queen St., Honolulu, HI 96813

Forms H & I that require Faculty/Advisors and Employers Evaluations, as well as all Official Transcripts from Colleges and other educational institutions must be mailed specifically by those Evaluators and institutions, directly to NHHSP at the above address.

**DEADLINE: SUBMIT WITHIN 30 DAYS AFTER COMPLETING
NHHSP ONLINE SESSION #1**

Failure to submit the above documents & forms within the 30 days, will result in your online application data being removed from our system. If an applicant requires an extension to this deadline, they must indicate so in writing, with specifics, to the above address, ATTN: NHHSP Administrative Assistant.

**IN ADDITION TO ALL OF THE ABOVE, AN OFFICIAL LETTER OF
PROGRAM/COLLEGE ACCEPTANCE AND, IF APPLICABLE,
"VERIFICATION OF DISADVANTAGED BACKGROUND STATUS",
IS DUE AS SOON AS POSSIBLE, BUT NO LATER THAN MARCH 1,
2014**

Click here for information on [Verification of Disadvantaged Background Status](#) which will require documentation from your Program/College financial aid office.

Have you downloaded all required Native Hawaiian Health Scholarship Program Application documentation, and are you prepared to submit all documents identified in Step 4 to the NHHSP no later than 30 days from the time you click the "Submit" button below (if so, choose "Yes" below)?

STOP... CAUTION...

**IF YOU SELECT "NO," REGARDLESS OF YOUR REASON, ALL OF
THE INFORMATION YOU PROVIDED IN THIS ONLINE SESSION**

#1 WILL BE LOST AND UNRECOVERABLE.
YOU MUST CLICK THE SUBMIT BUTTON BELOW TO COMPLETE
ONLINE SESSION #1.

Yes No

Previous

Submit

Exit and clear survey

2014-2015 NHHSP Application Online Session #2

Aloha, Applicant.

Welcome to Step 5, the Native Hawaiian Health Scholarship Program's online application Online Session #2.

- The NHHSP Staff

0% 100%

2014-2015 NHHSP Application Online Session #2 - Applicant Identification

*** Enter the password provided in your instructional e-mail.**



NOTE: NOT your Applicant ID.

*** Enter the Applicant ID provided to you in the Online Session #2 Instructional E-mail:**

2014-2015 NHHSP Application Online Session #2

Aloha, Applicant.

Welcome to Step 5, the Native Hawaiian Health Scholarship Program's online application Online Session #2.

- The NHHSP Staff

0% 100%

Student and Household Income and Expense Information

NHHSP collects other identifying data to assist us in better understanding our scholars and issues that affect them. This helps us better prepare for our Coordinated Service Planning effort and staff training.

*** What is your Marital Status?**

Choose one of the following answers

- Single, Divorced, or Widowed
- Married/Remarried
- Separated
- Other:

*** Do you have any children? If so, indicate the number of children below:**

Choose one of the following answers

- None
- 1
- 2
- 3
- 4
- Other:

*** How many of your children are 17 and under?**

Choose one of the following answers

- None
- 1
- 2
- 3
- 4
- Other:

STUDENT HOUSEHOLD INCOME INFORMATION:

Did you file a 2012 Income Tax Return?

Yes No

***** Did you file a 2013-2014 FAFSA?

Yes No

***** Exemptions Claimed on your filed 2012 Taxes:

Choose one of the following answers

Please choose... ▼

***** What is your adjusted Gross Income from IRS Form filed for 2012?



Please round to the nearest dollar. If there is no income, indicate "0."

***** Students Estimated Income Earned from Work in 2013 (Jan. - Dec. 2013):



Please round to the nearest dollar. If there is no income, indicate "0."

***** Spouse's Estimated Income Earned from Work in 2013 (Jan. - Dec. 2013):



Please round to the nearest dollar. If there is no income, indicate "0."

***** Will you (Student) continue to work in 2014?

Choose one of the following answers

Please choose... ▼

***** Will your Spouse continue to work in 2014?

Choose one of the following answers


Please choose... ▼

Indicate Household information, income and estimate your Current Household Monthly Expenses: Note that your household

includes you and those members of your family that you are responsible for.

Indicate your current housing situation:
Choose one of the following answers

Please choose... ▼


 *If "Other," please explain.*

*** Total Number of people in your household that you are personally responsible for:**


*** Total monthly income from you, spouse, & any other member of your household that you are responsible for:**

 *Please round to the nearest dollar.*


*** Monthly Rent or Mortgage (include property taxes, association dues, etc...):**

 *Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.*


*** Monthly Household Maintenance Cost - Cleaning products, pest control, security, yard maintenance, etc...:**

 *Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.*

*** Monthly household Utilities - phone, cable, water, electricity, gas, sewer, and garbage:**

 *Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.*

*** Monthly Public Transportation Cost - Bus pass, cab rides, metro, etc..:**

 *Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.*

*** Monthly Auto Payments, Gas, Maintenance, Parking & Insurance:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Health Care Insurance, Office visit deductibles, Dental, Drug, and Medication costs:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Child Care Cost - Daycare, babysitter, diapers, formula, baby supplies, and child support:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Kupuna Care Cost - Daycare, respite care, hygiene needs, handicap-accessible modifications and equipment, etc...:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Education Cost:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Student Loans:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Savings:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Clothing Cost:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Personal Care Cost - Toiletries, Haircuts, and other items:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Pet Care:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Leisure Cost - Entertainment, Movies, Gifts, Vacations, Hobbies, Parties, etc...:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Monthly Charitable Donations:**



Please round to the nearest dollar. If you do not incur expenses in this category, indicate "0" in your answer.

*** Will your housing situation remain the same in 2014-2015?**

Choose one of the following answers

- Yes
- No

Please enter your comment here:



If "No," please explain in the "Comments" section.

*** Will your household income and expenses change in 2014-2015?**

Choose one of the following answers

- Yes
- No

Please enter your comment here:



If "No," please explain in the "Comments" section.

*** What is your mother's Educational Level?**

Choose one of the following answers

- Middle School/Jr. High
- High School/GED
- College or beyond
- Other:

*** What is your father's Educational Level?**

Choose one of the following answers

- Middle School/Jr. High
- High School/GED
- College or beyond
- Other:

Previous

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Exit and clear survey

2014-2015 NHHSP Application Online Session #2

Aloha, Applicant.

Welcome to Step 5, the Native Hawaiian Health Scholarship Program's online application Online Session #2.

- The NHHSP Staff

0% 100%

2014-2015 NHHSP Application Online Session #2 is Pau!

You have completed the 2014-2015 NHHSP Online Application.

The NHHSP will be contacting you to schedule an interview.

Previous

Submit

Exit and clear survey



NHHSP Application Process & Instructions

Step 1. Ho`omakaukau (Make ready):

Before beginning the online application, read the instructions and gather the required information indicated below. Once the information is obtained, return to www.nhhsp.org to begin the Application process that will be done in four Parts. The Parts include: (I) **Online Eligibility Screening**, (II) **Online Application—Session #1—Applicant Profile**, (III) Downloading and Mailing of **Application Documents and Forms**, and (IV) **Online Application—Session #2**. Please note that Parts (I) through (III) of the process must be completed online in one session. The applicant will receive notification from NHHSP to return online to complete Part (IV), **Online Application—Session #2**.

Besides basic identifying information about the applicant, applicants will need to gather the following information to study ahead of time and have available while online to complete Step 3, Online Application Session #1—Applicant Profile:

- The name of the PROGRAM you are attending or applying to, and the specific name of the UNIVERSITY and CAMPUS if applicable (e.g. the John A. Burns School of Medicine at the University of Hawai'i at Manoa).
- The address and 6-digit FAFSA School Code for the Program/University.
- The name and phone number of a Contact Person/Advisor at the Program/University.
- The cumulative GPA on the most recent college transcripts. (Do not include high school GPA)
- The high school GPA if you are applying for the only Associates Degree offered by NHHSP = Associates Degree in Nursing.
- The timeline associated with the curriculum of the proposed Program (i.e. Program start and graduation date.)
- The college's published annual cost of: (1) Tuition, Fees, and Taxes (TTF), and (2) Other Related [Educational] Costs (ORC) as indicated by the Program/University.

APPLICANTS WHO HAVE COMPLETED STEP 1 ARE READY TO MOVE ON TO THE ONLINE SESSION #1, GO TO <http://nhhsp.org/app2014session1> TO BEGIN STEP 2. THIS SHOULD TAKE APPROXIMATELY 30 MINUTES TO COMPLETE.

Step 2. Online Session #1—PART (I): Eligibility Screening:

Preparing the above information is critical in this process. The applicant must complete Steps 2 and 3 in a single online session. An applicant's inability to complete the steps in a single online session will require the applicant to exit the system and repeat Steps 1 through 3. Answer all questions to the best of your ability. The determination of your eligibility will be made while online. If you are not eligible, a message will appear to indicate why. If the applicant does not change his/her "ineligible" answer(s), the session will end. If you are eligible, you will be prompted to proceed to Step 3, and complete the "Applicant Profile" using the information referenced above.



NHHSP Application Process & Instructions

Step 3. Online Session #1—PART (II): Applicant Profile

This step captures basic profile information about the applicant needed by NHHSP, including contact information, educational history, and information regarding the degree for which the applicant seeks NHHSP funding. The information the applicant is instructed to gather in Step 1 is critical in completing the “Applicant Profile”. Again, this step must be completed in the Online Session #1. When the applicant successfully completes this step, a prompt will appear to direct you to Step 4.

Step 4. Online Session #1—PART (III): Application Documents and Forms

This step identifies specific documents to be read and acknowledged by the Applicant, as well as forms that must be completed and submitted to NHHSP **within 30 days from the date of the Applicant’s Online Session #1**. The applicant must download these documents and forms to their computer. Important Note: While you are online in our website, click on the bolded headlines below to download:

- Download **Application Checklist**: This form is for the applicant to keep track of task completion and submittal dates of required program documents.
- Download the draft (subject to change) copy of the **NHHSP—School Year 2014-2015 Application & Program Guidance**, and known as the **APG**. Applicants should read and retain this document containing the authorities, purpose, and guidelines regarding the program.
- Download Instructions: **Proof and Documentation by Applicant of Native Hawaiian Ancestry**: This document is for the applicant’s review and action. **Applicants must submit** - by the deadline indicated above - **an original copy of their birth certificate and/or other documentation to show proof of their Hawaiian Ancestry**. These documents will be returned to the applicant by NHHSP after scholarship awards are made. NOTE: Those applicants who are reapplying to NHHSP, and have already submitted their birth certificate or proof to NHHSP in the previous 2011 and 2012 application years, please indicate so in a brief statement (noting the application year) and submit to NHHSP by the deadline.
- Download Instructions: **Official College Transcripts**: Applicants must request their official College Transcripts from ALL of their previous and current College institutions, and have the College send them directly to the Native Hawaiian Health Scholarship Program at 894 Queens Street, Honolulu, Hawaii, 96813. NOTE: Applicants who are reapplying and have already submitted their transcripts in the previous 2011 and 2012 application years, must have their College send only updated transcripts. NOTE: Applicants applying specifically for an Associate’s Degree in Nursing, must have their High School transcripts sent directly from the School to NHHSP, as well as verification (college transcripts/current enrollment) indicating the completion or progress of all A.D.N. program prerequisite courses.



NHHSP Application Process & Instructions

Also, download, complete, and submit the following Forms **within 30 days from the date of the Applicant's Online Session #1**. The applicant must download these forms and their instructions to their computer. Click on the bolded and underlined headings to download:

Form A: Applicant Resume Instructions & Guideline

Form B: NHHSP Questionnaire & Applicant Narrative Statement

Form C: Memorandum Regarding Conflicting Federal Service Obligations

Form D: Certification Regarding Debarment, Suspension, Disqualification, and Related Matters

Form E: Delinquent Federal Debt

Form F: Authorization to Release Information

Form G: Course Curriculum Worksheet

Form H: Academic Faculty/Advisor Evaluation of Applicant

Form I: Employer Evaluation of Applicant

Original Birth Certificate and/or Proof of Ancestry, along with completed and signed hardcopies of Forms A through G must be mailed to:

The Native Hawaiian Health Scholarship Program
894 Queen St., Honolulu, HI 96813

Forms H & I that require Faculty/Advisors and Employers Evaluations, as well as all Official Transcripts from Colleges and other educational institutions must be mailed specifically by those Evaluators and institutions, directly to NHHSP at the above address.

DEADLINE: SUBMIT WITHIN 30 DAYS AFTER COMPLETING NHHSP ONLINE SESSION #1

Failure to submit the above documents & forms within the 30 days, will result in your online application data being removed from our system. If an applicant requires an extension to this deadline, they must indicate so in writing, with specifics, to the above address, ATTN: NHHSP Administrative Assistant.

IN ADDITION TO ALL OF THE ABOVE, AN OFFICIAL LETTER OF PROGRAM/COLLEGE ACCEPTANCE AND, IF APPLICABLE, "VERIFICATION OF DISADVANTAGED BACKGROUND STATUS", IS DUE AS SOON AS POSSIBLE, BUT NO LATER THAN MARCH 1, 2014

Click here for information on [Verification of Disadvantaged Background Status](#) which will require documentation from your Program/College financial aid office.



NHHSP Application Process & Instructions

Step 5. Online Session #2

After successfully completing Online Session #1 and the submission of required documents and forms, **applicants will be e-mailed a notification containing a link and password granting them access to Online Session #2.**

Online Session #2 will take no more than 15 minutes to complete, and must be completed no more than 5 working days after the notification e-mail is sent to the Applicant by NHHSP. Gather your latest FAFSA application data (make sure to indicate the FAFSA submission date) to assist you in completing Online Session #2.

Step 6. Interview

Once an applicant has successfully completed Online Session #2, they are eligible for an interview. The NHHSP Administrative Assistant will contact eligible applicants to schedule an interview to take place between January 15, 2014 and March 14, 2014.

IF APPLICANTS HAVE ANY QUESTIONS CONCERNING THE ONLINE APPLICATION, DOCUMENTS AND FORMS, DO NOT HESITATE TO CONTACT THE NHHSP OFFICE AT:

(808)597-6550 or adminassist@nhhsp.org

IF APPLICANTS HAVE QUESTIONS REGARDING THE SELECTION CRITERIA CONCERNING THEIR APPLICATION, PLEASE REVIEW THE APG.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HEALTH RESOURCE AND SERVICES ADMINISTRATION
 PAPA OLA LOKAHI, THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM



**Title 42 Chapter 122 Section 11709– Native Hawaiian Health Scholarship Program
 APPLICATION STEPS & CHECKLIST For School Year 2014 - 2015**

APPLICANT'S NAME _____

APPLICATION PROCESS, CHECKLIST, DOCUMENTS & FORMS:

Date Completed: _____

Step 1: Ho`omakaukau (Make ready)

Step 2: Online Session #1— PART (I) Eligibility Screening

Step 3: Online Session #1 – PART (II) Applicant Profile

Step 4: Online Session #1— PART (III) Documents and Forms

Downloaded draft copy 2014-2015 APG:

Documents/Forms to be mailed to NHHSP within 30 days of completing Online Session #1:

1. *Original Birth Certificate and/or Proof of Native Hawaiian Ancestry*
2. *Form A: Applicant Resume Instructions & Guideline*
3. *Form B: NHHSP Questionnaire & Applicant Narrative Statement*
4. *Form C: Memorandum Regarding Conflicting Federal Service Obligations*
5. *Form D: Certification Regarding Debarment, Suspension, Disqualification, and Related Matters*
6. *Form E: Delinquent Federal Debt*
7. *Form F: Authorization to Release Information*
8. *Form G: Course Curriculum Worksheet*
9. *Form H: Academic Faculty/Advisor Evaluation of Applicant*
10. *Form I: Employer Evaluation of Applicant*
11. *Official College Transcripts: Date Requested: _____*

Other Documents to be mailed to NHHSP by March 1, 2014:

12. *Official Letter of Acceptance from Program/College*
13. *Verification of Disadvantaged Background Status - (if applicable)*

Step 5: Online Session #2

Once the above documents & forms are received by NHHSP, an e-mail with username & password will be sent to the applicant to complete Online Session #2. Upon completing this step, you will be notified of a scheduled date and time for your Personal Interview.

Step 6: Personal Interview: Scheduled Date & Time: _____

REMINDER: Mail requested hardcopy originals to: **The Native Hawaiian Health Scholarship Program
 894 Queen Street, Honolulu, HI 96813
 ATTN: NHHSP Administrative Assistant**

If you have any questions concerning the Application process, Documents and Forms, contact NHHSP at: (808) 597-6550.



Instructions - Verification of Native Hawaiian Ancestry

Aloha,

As part of applying for a Native Hawaiian Health Scholarship Program (NHHSP) award, applicants must show proof of Native Hawaiian ancestry. As per the Application & Program Guidance (APG), those of Native Hawaiian descent are defined as:

According to 42 U.S.C. 11711(3), “the term ‘Native Hawaiian’ means any individual who is

(A) a citizen of the United States, and

(B) (B) a descendant of the aboriginal people, who prior to 1778, occupied and exercised sovereignty in the area that now constitutes the State of Hawai‘i, as evidenced by—

(i) Genealogical records,

(ii) Kūpuna (elders) or Kama‘aina (long-term community residents) verification,

or (iii) Birth records of the State of Hawai‘i.”

Applicants must submit original copies of their birth certificate to verify their Native Hawaiian ancestry. Birth certificates must be submitted along with the other documents identified in Step 4 of the NHHSP Application Process & Instructions document.

Mail all documents (including Birth Certificate) to:

The Native Hawaiian Health Scholarship Program
894 Queen St.
Honolulu, HI 96813



Instructions - Official College Transcripts

Applicants must request their official College Transcripts from ALL of their previous and current College institutions, and have the College send them directly to:

The Native Hawaiian Health Scholarship Program

894 Queen St, Honolulu, HI 96813

NOTE: Applicants who are reapplying and have already submitted their transcripts in the previous 2011 and 2012 application years, must have their College send only updated transcripts.

NOTE: Applicants applying specifically for an Associate's Degree in Nursing, must have their High School transcripts sent directly from the School to NHHSP, as well as verification (college transcripts/current enrollment) indicating the completion or progress of all A.D.N. program prerequisite courses.



Verification of Disadvantaged Background Status

NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM (NHHSP)

VERIFICATION REGARDING DISADVANTAGED BACKGROUND

For School Use Only – Must be completed by Financial Aid Official. Once completed, please return to the NHHSP applicant for submission with their program application.

Student's Name

Last 4 digits SSN

The Financial Aid Official identified below certifies that the above-named student (check one below):

is

is NOT

from a disadvantaged background (criteria described below). Students from a disadvantaged background have either participated in or would have been eligible to participate in Federal Programs such as the "Scholarships for Disadvantaged Students," "Loans to Disadvantaged Students," or the "Nursing Workforce Diversity Grant Program."

CRITERIA FOR DISADVANTAGED BACKGROUND STATUS:

- Come from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged). The following are provided as examples of "Environmentally Disadvantages" for guidance only and are not intended to be all-inclusive.

Examples:

- Person from high school with low average SAT/ACT scores or below the average State test results.
- Person from a school district where 50 percent or less of graduates go to college.
- Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
- Person for who English is not his or her primary language and for whom language is still a barrier to academic performance.
- Person who is first generation to attend college.
- Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.

- OR -

- Come from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged).
- The Secretary defines a "low income family" for various health professions and nursing programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives.

FINANCIAL AID OFFICIAL:

Signature

Date

Printed Name

Phone Number & E-Mail Address:



The Native Hawaiian Health Scholarship Program

Last Name, First Name, Middle Initial:

Form A – Applicant Resume Form

INSTRUCTIONS - Limit your resume to no longer than two pages with a 12 point font.



The Native Hawaiian Health Scholarship Program

Form A – Applicant Resume Form

INSTRUCTIONS - Limit your resume to no longer than two pages with a 12 point font.



The Native Hawaiian Health Scholarship Program

Form B - NHHSP Questionnaire & Applicant Narrative Statement (Fillable PDF). Answer the questions below. Use a 12-point font, and **limit your responses to no more than 300 words per answer, then print all responses upon completion.**

Last Name, First Name, Middle Initial:

1. Explain your reasons for requesting this scholarship.



The Native Hawaiian Health Scholarship Program

Form B - NHHSP Questionnaire & Applicant Narrative Statement

Answer the questions below. Use a 12-point font, and limit your responses to no more than 300 words per answer.

2. Share your thoughts on what has motivated you to seek an education and career in healthcare?



The Native Hawaiian Health Scholarship Program

Form B - NHHSP Questionnaire & Applicant Narrative Statement

Answer the questions below. Use a 12-point font, and limit your responses to no more than 300 words per answer.

3. State your overall career goals, and indicate your vision for your service obligation placement in Hawai`i upon completing your education:



The Native Hawaiian Health Scholarship Program

Form B - NHHSP Questionnaire & Applicant Narrative Statement

Answer the question below. Use a 12-point font, and limit your responses to no more than 300 words per answer.

4. Explain how these goals will help you serve the Native Hawaiian people.



FORM C- MEMORANDUM REGARDING CONFLICTING FEDERAL SERVICE OBLIGATIONS

To: The Native Hawaiian Health Scholarship Program

From: _____
Print Name

Subject: Conflicting service obligations

I, _____, certify that I have **no** conflicting service obligations that would cause a breach of contract with the Native Hawaiian Health Scholarship Program.

Signature of NHHSP 2014-2015 Applicant

Date



Form D- Certification Regarding Debarment, Suspension, Disqualification, and Related Matters

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
 - ◊ commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
 - ◊ violation of Federal or State antitrust statutes; or
 - ◊ commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

The 2014-15 Scholar must sign the certification below which is applicable to his/her situation.

I certify that **none** of the above statements apply to me.

OR

I certify that **one or more** of the above statements apply to me.

PRINT name

Signature Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HEALTH RESOURCE AND SERVICES ADMINISTRATION
 PAPA OLA LOKAHI, THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM



**Title 42 USC Chapter 122 Section 11709– Native Hawaiian Health Scholarship Program
 FORM E- DELINQUENT FEDERAL DEBT**

APPLICANT'S NAME	SOCIAL SECURITY NUMBER
E-MAIL ADDRESS	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME

INSTRUCTIONS:

The applicant must complete and forward this sheet with their application and required supporting documentation. Please check the appropriate box below. If the "Yes" box is checked, please provide an explanation in the space provided.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent by the Native Hawaiian Health Scholarship Program.

ARE YOU DELINQUENT ON THE REPAYMENT OF ANY FEDERAL DEBT(S)? Yes No

If your response was "Yes," please provide an explanation in the space provided below. Explanation must include name of Federal Agency (to which debt is owed), type (student loan, HUD Mortgage, etc.), telephone number and name of contact person(s) handling debt, and account number if different from your SSN. **If you are selected for an award, you will be required to provide a notarized power of attorney, at a later date, in some cases the Federal Agency may require you to use their power of attorney document, authorizing the release of information to the NHHSP Division of Grants Operations to inquire about your debt. If authorization is not included, your application will not be considered for an award.**

Federal Agency	Type of Loan	Account #	Contact Name	Phone #

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded a scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be subject to penalties under U.S. code, Title 18, Section 1001.

APPLICANT'S SIGNATURE	DATE
-----------------------	------



Form F- Authorization to Release Information

As an applicant in the Native Hawaiian Health Scholarship Program, (NHHSP),

I, _____
First Name (PRINT) Middle Initial Last Name

hereby authorize the school where I am/was enrolled while participating in the NHHSP to disclose information pertaining to my school enrollment to the NHHSP and Papa Ola Lokahi, Inc. (POL) and the U.S. Department of Health and Human Services (DHHS). "Information pertaining to my school enrollment" includes, but is not limited to, my college transcripts and grades, my academic standing, my enrollment and degree status, my curriculum and examination requirements for graduation, my tuition and fees, and my leave-of-absence, withdrawal, or dismissal from school.

If I become a participant in the NHHSP, I also authorize any post-degree training program for which I receive a deferment from the NHHSP to disclose to POL and DHHS information pertaining to my participation in the post-degree program including, but not limited to, my curriculum, status in the program, completion date, examination requirements, and my leave-of-absence, withdrawal or dismissal from the program.

The above authorizations take effect on the date indicated below with my signature.

In addition, I hereby authorize POL and DHHS, to release my name, addresses and social security number to see if I appear on the Excluded Parties List System. This authorization takes effect on the date I sign this release form. If I do not become a participant, this authorization shall remain in effect until November 30, 2014

If I become a participant in the NHHSP, all of the above authorizations shall remain in effect until the date my NHHSP scholarship commitment has been fulfilled or these authorizations have been revoked by me in writing.

Signature

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HEALTH RESOURCE AND SERVICES ADMINISTRATION
 PAPA OLA LOKAHI, THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM



**Title 42 Chapter 122 Section 11709– Native Hawaiian Health Scholarship Program
 FORM G- COURSE CURRICULUM WORKSHEET**

APPLICANT'S NAME	SOCIAL SECURITY NUMBER
DEGREE TRACK	EMAIL ADDRESS

THIS FORM MUST BE COMPLETED AND RETURNED TO THE NHHSP

This verifies that the applicant has applied for admission or is enrolled at (Name of College/ University) _____ for the **academic year beginning no sooner than July 1, 2014**. He/She is enrolled in a **full-time** undergraduate/graduate curriculum identified above. The individual will be enrolled/or is anticipated to be enrolled in the following courses commencing **Summer or Fall 2014**.

*****INCLUDE CURRICULUM FOR MAJOR FROM FIRST YEAR TO COMPLETION*****

(E.G. Aug-Dec 2014) ↓

Circle One: SEMESTER I / TRIMESTER I / QUARTER I	Months & Year: _____
COURSE NUMBER	COURSE TITLE
CREDIT HOURS	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Circle One: SEMESTER II / TRIMESTER II / QUARTER II	Months & Year: _____
COURSE NUMBER	COURSE TITLE
CREDIT HOURS	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE _____



Form H Instructions - Academic Advisor Evaluation Forms

This document contains your instructions, as well as the instructions for your Evaluators and the evaluation forms they will need to complete.

Applicants, you will need to print and mail or e-mail this PDF to your Evaluators, and it is your responsibility to ensure that your designated Evaluators have received, completed, and mailed their evaluations to the NHHSP on your behalf.

Evaluators, please complete the attached form and mail it directly to:

The Native Hawaiian Health Scholarship Program
ATTN: NHHSP Administrative Assistant
894 Queen St.
Honolulu, HI 96813

If you have any questions regarding these documents or the application process, contact us at: adminassist@nhhsp.org or at (808)597-6550.

- The Native Hawaiian Health Scholarship Program Staff

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HEALTH RESOURCE AND SERVICES ADMINISTRATION
 PAPA OLA LOKAHI, THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM



**Title 42 Chapter 122 Section 11709– Native Hawaiian Health Scholarship Program
 FORM H- ACADEMIC FACULTY/ADVISOR EVALUATION**

APPLICANT'S NAME	EMAIL ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS		PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME

The student identified above is applying to receive a Native Hawaiian Health Scholarship Program (NHHSP) scholarship. The information on this form is requested pursuant Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM TO THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM

1. How do you rate the educational/work achievement of this applicant?

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

2. How do you rate the applicant's relationships with other people? Consider such things as ability to work and get along with others.

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

3. Based on this applicant's personal, emotional, and ethical attributes, how do you rate his/her overall potential for the practice of primary health care, especially in a Health Provider Shortage Area (HPSA)?

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

4. Type of work (applicant): _____

5. Length of time known: _____

Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.

I certify that the information provided in this evaluation is accurate. I understand that it may be investigated and that any willfully false representation is sufficient for rejection of this application.

NAME (Print or type)		
POSITION TITLE (Required)	PLACE OF EMPLOYMENT (Required)	
SIGNATURE	DATE	



Form I Instructions - Employer Evaluation Form

This document contains your instructions, as well as the instructions for your Evaluators and the evaluation forms they will need to complete.

Applicants, you will need to print and mail or e-mail this PDF to your Evaluators, and it is your responsibility to ensure that your designated Evaluators have received, completed, and mailed their evaluations to the NHHSP on your behalf.

Evaluators, please complete the attached form and mail it directly to:

The Native Hawaiian Health Scholarship Program

ATTN: NHHSP Administrative Assistant

894 Queen St.

Honolulu, HI 96813

If you have any questions regarding these documents or the application process, contact us at: adminassist@nhhsp.org or at (808)597-6550.

- The Native Hawaiian Health Scholarship Program Staff

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HEALTH RESOURCE AND SERVICES ADMINISTRATION
 PAPA OLA LOKAHI, THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM



**Title 42 Chapter 122 Section 11709– Native Hawaiian Health Scholarship Program
 FORM I- EMPLOYER EVALUATION**

APPLICANT'S NAME	SOCIAL SECURITY NUMBER
DEGREE TRACK	EMAIL ADDRESS

The student identified above is applying to receive a Native Hawaiian Health Scholarship Program (NHHSP) scholarship. The information on this form is requested pursuant Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM DIRECTLY TO THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM

1. How do you rate the educational/work achievement of this applicant?

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

2. How do you rate the applicant's relationships with other people? Consider such things as ability to work and get along with others.

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

3. Based on this applicant's personal, emotional, and ethical attributes, how do you rate his/her overall potential for the practice of primary health care, especially in a Health Provider Shortage Area (HPSA)?

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

4. Type of work (applicant): _____

5. Length of time known: _____

***If more space is required, use additional sheets of 8.5x11" paper. Write your name and social security number on each additional sheet of paper/ Securely attach additional sheets to this form*

Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.

I certify that the information provided in this evaluation is accurate. I understand that it may be investigated and that any willfully false representation is sufficient for rejection of this application.

NAME (Print or type)	
POSITION TITLE (Required)	PLACE OF EMPLOYMENT (Required)
SIGNATURE	DATE



Confidentiality/Request for Information

It is the policy of the Native Hawaiian Scholarship Program to ensure that confidential information is released to external persons requesting such information only by designated company representatives.

Every employee (paid and unpaid) is responsible for strictly guarding the privacy of records and other information concerning employees, interns/volunteers, applicants and scholars. You may not use any information for personal reasons or reveal it to anyone outside the program unless required by law.

I agree to adhere to this policy and I will immediately disclose any potential breach of confidentiality to my supervisor.

Signature

Date

Printed Name



Conflict of Interest Policy

It is expected that all employees (paid and unpaid) of the Native Hawaiian Scholarship Program will use sound judgment at all times in avoiding actions or commitments that might create conflicts of interest or that might do harm to the program. In particular, funds, materials, supplies, proprietary or inside information, or other resources shall not be used in any way to advance an employee's personal, outside business, financial, or other interests.

If you need advice about a potential conflict of interest, please consult Keaulana Holt, Director, of the Native Hawaiian Health Scholarship Program.

I agree to adhere to this policy and I will disclose immediately any potential conflicts of interest to Keaulana Holt, Director, of the Native Hawaiian Health Scholarship Program.

Signature

Date

Printed Name

NHHSP INTERVIEW QUESTIONS: APPLICATION YEAR 2014-2015

General:

You are applying for a scholarship and seeking financial support for a degree in _____ . Please share with us your personal reasons for choosing this specific profession and relate what experiences you may have had that relate well to a successful career in _____ ?

Are there any other personal qualities about you that make you well suited for this profession?

- I. As you may know, many Native Hawaiians come from Medically Underserved Areas or MUAs in our state. Please share what you may know about these MUAs and the general health conditions of Native Hawaiians. What are the issues concerning access to appropriate, quality and adequate health care services in these medically underserved areas?**
- II. Did you review our Application Program Guidelines or the APG that was online? Based upon your review, can you summarize in your own words your understanding and expectations are of our program, and how it works.**

In fulfilling your commitment to our program, we need you to (1) complete your education, (2) secure your licensure and (3) fulfill your service obligation to the program and the Native Hawaiian community. We seek scholars who have a personal conviction to educate and prepare themselves to competently serve in Hawai'i's underserved areas.

III. & IV.

Are you familiar with our program's service obligation placement priorities?

(Scholar should respond to question as best possible, then facilitator reviews the #1 through #3 priorities and gives examples).

Case Scenario & Inquiries for Applicant:

As part of your service obligation, NHHSP has set up an appointment to interview for a position in a rural Native Hawaiian community – a priority #1 or #2 placement site -- in (e.g., Hana-Maui, Wai'anae-O'ahu, Ka'u-Hawai'i, Lana'i or Moloka'i).

You as a _____ would be working with other professionals and para-professional such as the *multi-disc. team*, _____, _____, as well as the clinic's director and administrative staff. You would also be working with your NHHSP Program Coordinator regarding this placement.

- 1. In interviewing with the clinic's director, what work-related questions would you ask?
(e.g., Caseload, Supervisory Capacity and Support Staff; Start Date, Hours & Training; Policies & Procedures; Community Profile; and Other Related Duties).**
- 2. What personal-related questions or inquiries would you have?
(e.g., Salary & Compensation; Benefits Package; Relocation Support & Expenses; Vacation; Personal Issues; Disabilities or Limitations; and Other).**
- 3. What concerns would you share with your NHHSP Coordinator who will assist you in your placement?**
- 4. Say you were hired for this position in the priority #1 or #2 service site area and also successfully interviewed and was offered a position for a priority #3 site. The priority #3 site offered you a salary that was \$10,000/per year more than service site #1 or #2. Also, the priority #3 site happens to be in a community that you may prefer. How would you go about resolving the potential issues that arise from this given situation?**

Facilitator's Statement:

Keep in mind that if you voluntarily decide to leave the program after (1) you have been selected, (2) you signed the Scholar-HRSA contract, (3) you begin your education phase and (4) payment is made for your education, other related cost (ORC) and stipend, you will be responsible for repaying the program the principle amount of these funds and up to three times the amount as indicated in the APG!

Facilitator's Final Question:

Do you have any questions or concerns regarding the level of commitment you must make to our program should you be selected as one of our scholars? Any other questions?



INTERVIEW EVALUATION FORM 2014-2015

1. COMMITMENT TO IMPROVING ACCESS TO HEALTH CARE (Kuleana, Ho`iho`i, Pono, A`o)

Pre-Discussion Rating:

1	2	3	4	5	6	7	8	9
Less interest, no experience in/or understanding of work in Hawai`i underserved area.			Interest in serving in Hawaii`s underserved area; reasonable conception of access to health care issues.			Specific experiences and activities show strong commitment to career of service in Hawai`i`s underserved area.		
1	2	3	4	5	6	7	8	9

Post-Discussion Rating:

2. FULFILLING COMMITMENTS, BEING FAIR AND ETHICAL (Pono, Kuleana, Ha`aha`a)

Pre-Discussion Rating:

1	2	3	4	5	6	7	8	9
Sometimes delays or does not fulfill commitments; identifies mainly external factors as causes of problems in performance.			Fulfills basic school and work obligations credibly; accepts responsibility for own performance.			Specific experiences from a MUA and activities show commitment to fulfillment of obligations and great attention to quality; takes on more than typical share of responsibility.		
1	2	3	4	5	6	7	8	9

Post-Discussion Rating:

3. LEADERSHIP AND TEAM ORIENTATION (Ha`aha`a, Hana Ka Lima, Ka`i, A`o)

Pre-Discussion:

1	2	3	4	5	6	7	8	9
Displayed little humility; did not appear comfortable when structure is lacking; less flexible in shifting own role to complement the group.			Able to develop good plans, structure situations successfully when called upon; some experience in supervisory or lead position; displays cooperative work style.			Successful in displaying a sense of humility; successful in initiating and structuring several types of activities; achieves appointed or elected leadership in several areas and contributes productively to cooperative efforts and where authority is shared.		
1	2	3	4	5	6	7	8	9

Post-Discussion Rating:



INTERVIEW EVALUATION FORM 2014-2015

4. BEHAVIORAL FLEXIBILITY AND RESILIENCE

(ʻOlu`olu & Ha`aha`a)

Pre-Discussion Rating:

1	2	3	4	5	6	7	8	9
Appeared somewhat sheltered, rigid or immature; less interest in/or understanding of work in Hawai`i's underserved areas.			Some past opportunity for self-testing under stress, changing circumstances; expected level of poise in interview.			Greater success in several situations requiring considerable tolerance for stress, adaptation to altered circumstances, persistence over obstacles.		
1	2	3	4	5	6	7	8	9

Post-Discussion Rating:

5. SUITABILITY

(ʻOlu`olu, Kuleana, Ho`iho`i, Pono, A`o, Ha`aha`a, Hana Ka Lima, Ka`i)

Pre-Discussion Rating:

1	2	3	4	5	6	7	8	9
Did not demonstrate alignment with values of the NHHSP.			Interest in serving in Hawaii's underserved areas; reasonable conception of access to health care.			Sufficient demonstration. of personal values align with the values of NHHSP.		
1	2	3	4	5	6	7	8	9

Post-Discussion Rating:

Name of Applicant: _____

Discipline: _____

Date of Interview: _____

Interviewer & Interviewer Signature:

Print

Signature



SUMMARY Evaluation Form 2014-2015

Name of Applicant: _____

Discipline: _____

NHHSP Facilitator: _____ (Signature) Date: _____

Post-Rating

1. COMMITMENT TO IMPROVING ACCESS TO HEALTH CARE (Kuleana, Ho`iho`i, Pono, A`o)	
2. FULFILLING COMMITMENTS, BEING FAIR AND ETHICAL (Pono, Kuleana, Ha`aha`a)	
3. LEADERSHIP AND TEAM ORIENTATION (Ha`aha`a, Hana Ka Lima, Ka`i, A`o)	
4. BEHAVIORAL FLEXIBILITY AND RESILIENCE (`Olu`olu & Ha`aha`a)	
5. SUITABILITY (`Olu`olu, Kuleana, Ho`iho`i, Pono, A`o, Ha`aha`a, Hana Ka Lima, Ka`i)	
TOTAL:	
Applicant verified as EFN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is Clinician / Alumni?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EVALUATORS

(print name) (signature) Date: _____

(print name) (signature) Date: _____

(print name) (signature) Date: _____

(print name) (signature) Date: _____

Cumulative GPA Verification

Applicant Name: _____ Reviewed By: _____

	INSTITUTION:	Term:	Year:	Attempted Hours:	Completed Hours:	Earned Points:	Total GPA:
#001							
#002							
#003							
#004							
#005							
#006							
#007							
#008							
#009							
#010							
#011							
#012							
#013							
#014							
#015							
#016							
#017							
#018							
#019							
#020							

Date GPA Verification Completed: _____

Page _____ of _____



NHHSP
GPA Verification Worksheet

Date: _____
Applicant: _____
Reviewer: _____

NAME OF INSTITUTION #1: _____

CIRCLE LEVEL OF EDUCATION: High School Undergraduate Graduate Post-Graduate

TRANSCRIPT COVERAGE TERMS/YEARS: _____

CONFERRED DEGREE: _____

VERIFIED CULMULATIVE GRADE POINT AVERAGE: _____

Notes:

NAME OF INSTITUTION #2: _____

CIRCLE LEVEL OF EDUCATION: Undergraduate Graduate Post-Graduate

TRANSCRIPT COVERAGE TERMS/YEARS: _____

CONFERRED DEGREE: _____

VERIFIED CULMULATIVE GRADE POINT AVERAGE: _____

Notes:

NAME OF INSTITUTION #3: _____

CIRCLE LEVEL OF EDUCATION: Undergraduate Graduate Post-Graduate

TRANSCRIPT COVERAGE TERMS/YEARS: _____

CONFERRED DEGREE: _____

VERIFIED CULMULATIVE GRADE POINT AVERAGE: _____

Notes:

SUB-TOTAL ACADEMIC GPA: _____

NAME OF INSTITUTION #4: _____

CIRCLE LEVEL OF EDUCATION: Undergraduate Graduate Post-Graduate

TRANSCRIPT COVERAGE TERMS/YEARS: _____

CONFERRED DEGREE: _____

VERIFIED CULMULATIVE GRADE POINT AVERAGE: _____

Notes:

NAME OF INSTITUTION #5: _____

CIRCLE LEVEL OF EDUCATION: Undergraduate Graduate Post-Graduate

TRANSCRIPT COVERAGE TERMS/YEARS: _____

CONFERRED DEGREE: _____

VERIFIED CULMULATIVE GRADE POINT AVERAGE: _____

Notes:

SUB-TOTAL ACADEMIC GPA FROM PAGE TWO: _____

SUB-TOTAL ACADEMIC GPA FROM PAGE ONE: _____

GRAND TOTAL ACADEMIC GPA: _____

Applicant LAST Name

(From Page 2 of 2)

