A plication Information

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Home

General Information

Supporting Documents

Account Settings

Background Information

Self-Certification

Log Out

Degree Information —Letters of Recommendation

Review & Submit

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Application Information

· required field

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APPLYING FOR

Application Type• • Full-Time
Part-Time

Federal Pipeline Programs

Federal pipeline programs are designed to enhance educational opportunities and increase the number of students from disadvantaged backgrounds to progress from elementary through post-undergraduate levels. These programs offer an array of academic enrichment activities and services to better prepare disadvantaged students to successfully graduate from a health professions school. Please select any federal pipeline programs that you have participated in at any point in your educational journey (select all that apply). By selecting a Pipeline Program in the NCSP application, you will be required to submit official documentation of your successful completion of any ONE of the federal pipeline programs you selected.

- 1. U.S. Department of Education (ED)
 - ☐ Federal TRIO Programs
 - □ Promising Neighborhoods Program
 - ☐ Student Support Services
 - □ Educational Opportunity Centers
 - ☐ Talent Search
 - □ Upward Bound
 - ☐ Upward Bound Math-Science
 - ☐ Veterans Upward Bound
 - ☐ Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)
- 2. HHS/Health Resources and Services Administration (HRSA)
 - □ Health Careers Opportunity Program (HCOP)
 □ Centers of Excellence (COE) Program
 - ☐ Area Health Education Centers Program (AHEC)
 - ☐ Health Profession Opportunity Grant (HPOG)
 - □ National Workforce Diversity Pipeline Program (NWDP)
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- 3. HHS/National Institutes of Health (NIH)
 - ☐ Community Health Worker Health Disparities Initiative
- 4. National Science Foundation
 - ☐ Tribal Colleges and Universities Program (TCUP)
 - ☐ Alliance for Graduate Education and the Professoriate (AGEP)
 - ☐ Historically Black Colleges and Universities Undergraduate Program (HBCU-UP)
- 5. Other Federal Pipeline Programs (the application will provide an opportunity to submit the name of any federal pipeline program not identified above).
- If you are applying as a Registered Nurse, please save and continue to the next section. If you are applying as a Nurse Practitioner, please identify your specialty area
- 7. If Other, please specify

Select

Family Nurse Practitioner Psychiatric Nurse Practitioner Pediatric Nurse Practitioner Adult Gerontology Nurse Practitioner Women's Health Nurse Practitioner Neonatal Nurse Practitioner Emergency Nurse Practitioner Acute Care Nurse Practitioner Other (please specify)

SAVE & CONTINUE

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