Welcome to the BHW portal

I am ...

AN APPLICANT

Applying for the NHSC Loan Repayment Program ▶

Applying for the NHSC Scholarship Program ▶

Applying for the NURSE Corps Scholarship Program ▶

Applying for the NURSE Corps Loan Repayment Program ▶

Applying for the Faculty Loan Repayment Program ▶

Applying for the Students to Service Loan Repayment Program ▶

A PARTICIPANT

In a Loan Repayment or Scholarship Program ▶

A SITE POINT OF CONTACT, REPRESENTATIVE OR PCO

A Site Administrator ▶

A State Primary Care Office Member ▶

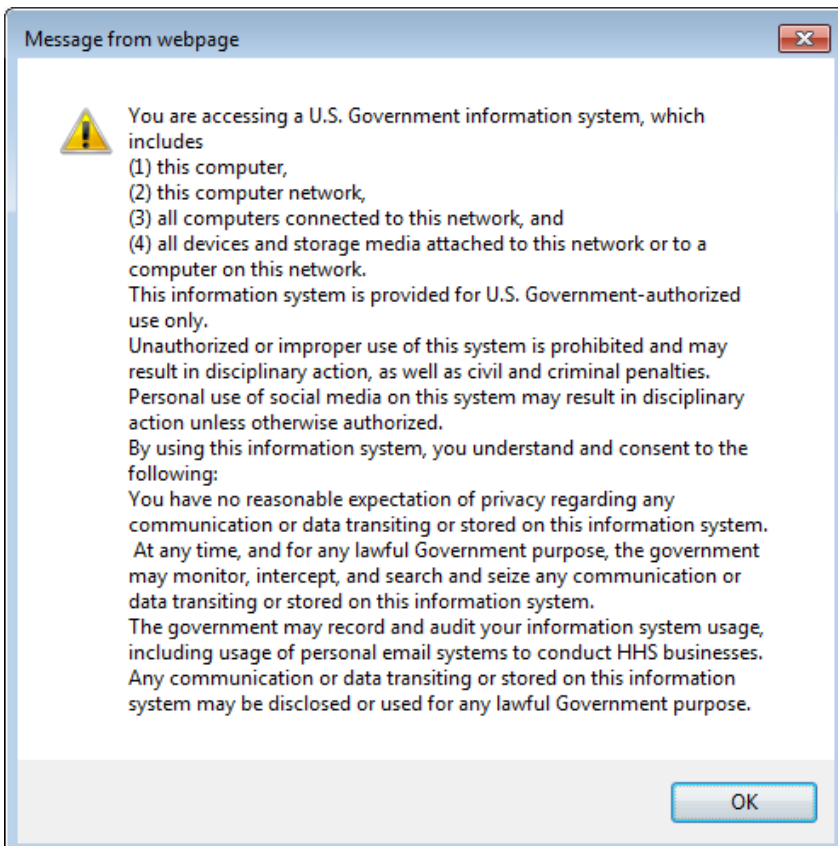A School Representative ▶

An Ambassador ▶

INTERESTED IN LEARNING MORE

About BHW ▶

Pop up on the log-in page. Applicant must click OK to proceed

Message from webpage

⚠ You are accessing a U.S. Government information system, which includes
(1) this computer,
(2) this computer network,
(3) all computers connected to this network, and
(4) all devices and storage media attached to this network or to a computer on this network.
This information system is provided for U.S. Government-authorized use only.
Unauthorized or improper use of this system is prohibited and may result in disciplinary action, as well as civil and criminal penalties. Personal use of social media on this system may result in disciplinary action unless otherwise authorized.
By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
The government may record and audit your information system usage, including usage of personal email systems to conduct HHS businesses. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

OK

Login

Please log in using the fields below:

Your Email *

Your Password *

forgot your password?

LOG IN

Create an Account

Not a registered user?

Create a NURSE Corps Scholarship Program Application Account ▶
(formerly known as Nursing Scholarship Program (NSP))

Note: If you have previously registered to apply for NURSE Corps SP or any other BHW program in the current or past application cycles, please use your existing account information to log in.

OMB Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0301 and the expiration date is 05/31/2018. Public reporting burden for this collection is estimated to average 5.0 hour(s) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10C-03, Rockville, Maryland 20857.

Questions?

For more information or questions please:

- Refer to the **Portal FAQ**
- Contact the BHW Customer Care Center at **1-800-221-9393**
- Use TTY for hearing impaired: **1-877-897-9910**

Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or **Contact Us**

Create My Account

* required field

Please enter the information below to create your account for the Online Application Form. Once you complete and submit the information, you will receive access to login and complete the Online Application Form. To ensure that your application is complete, please refer to the **2017 Application and Program Guidance**, which outlines the eligibility criteria.

Once you complete and submit the following information, an email message with a link to verify your email address will be sent to you. You will need to verify your email address within two (2) days to be able to login to your account.

First Name *

Last Name *

Middle Initial

Title — Select ▾

Suffix — Select ▾

Email *

Confirm Email *

Create Password * ⓘ

Confirm Password *

Security Question * — Select ▾

Security Answer *

CREATE

In the future it will send them to the BHW Portal Page

Welcome to the BHW portal

We have successfully created your account. Please check your email for instructions on how to enable your account.

I am ...

AN APPLICANT

Applying for the NHSC Loan Repayment Program ▶

Applying for the NHSC Scholarship Program ▶

Applying for the NURSE Corps Scholarship Program ▶

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A PARTICIPANT

In a Loan Repayment or Scholarship Program ▶

A SITE POINT OF CONTACT, REPRESENTATIVE OR PCO

A Site Administrator ▶

A State Primary Care Office Member ▶

A School Representative ▶

An Ambassador ▶

INTERESTED IN LEARNING MORE

About BHW ▶

Email to applicant to activate their portal account. Click link in email within 48 hours

COMPOSE

Inbox (1)
Starred
Sent Mail
Drafts
More ▾

C Cindy ▾

Activate Your Application Account Inbox x

? bmiss@voosh.de <bmiss@voosh.   9:23 AM (0 minutes ago)
to me ▾

Dear Applicant,

Thank you for registering an account with the Health Resources and Services Administration?s Bureau of Health Workforce.

Please use the link below to activate your account:
https://testbcrs.hrsa.gov:443/alpha/extranet/generic/public/unlock.seam?c=urutatusuinanijuminevata

You must activate your account within two days using the link above. If you do not activate your account within two days, please use the "forgot password" link to reset your password. After activating your account, please log in and begin your online application.

Sincerely,
Bureau of Health Workforce

http://www.hrsa.gov/about/organization/bureaus/bhw/index.html

Welcome to the BHW portal

✓ Thank you. Your account is now enabled.

I am ...

AN APPLICANT

Applying for the NHSC Loan Repayment Program ▶

Applying for the NHSC Scholarship Program ▶

Applying for the NURSE Corps Scholarship Program ▶

Applying for the NURSE Corps Loan Repayment Program ▶

Applying for the Faculty Loan Repayment Program ▶

Applying for the Students to Service Loan Repayment Program ▶

A PARTICIPANT

In a Loan Repayment or Scholarship Program ▶

NURSECORPS
Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Login

Please log in using the fields below:

Your Email *

Your Password *

forgot your password?   **LOG IN**

Create an Account

Not a registered user?

Create a NURSE Corps Scholarship Program Application Account ▶
(formerly known as Nursing Scholarship Program (NSP))

Note: If you have previously registered to apply for NURSE Corps SP or any other BHW program in the current or past application cycles, please use your existing account information to log in.

OMB Public Burden Statement
An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB

Questions?

For more information or questions please:

● Refer to the **Portal FAQ**

● Contact the BHW Customer Care Center at **1-800-221-9393**

● Use TTY for hearing impaired: **1-877-897-9910**

Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET
or **Contact Us.**

NURSE Corps Scholarship Program Application

WELCOME TO THE NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Thank you for your interest in the NURSE Corps Scholarship Program. Please be sure to carefully read the 2017 NURSE Corps Scholarship Program Application and Program Guidance (APG) before starting the application.

It is recommended that prior to beginning the online application you prepare electronic copies of the required supporting documentation. Additionally, you will have to initiate a request for an academic and non-academic letter of recommendation through the application pages. *All information provided in the supporting documents must match exactly what is entered in the online application. Applications with discrepancies will not be considered for an award.*

All of these documents can be uploaded online:

- Acceptable Proof of Citizenship or U.S National/Lawful Permanent
- Authorization to Release Information
- Verification of Acceptance/Good Standing Report
- Complete Official Student Aid Report
- Unofficial Transcript (Please upload documents only, no links)
- CV/Resume
- Existing Service Supporting Document (If applicable)
- Three Essays
- Current Tuition and Fees Schedule

The online application is made up of several sections. The first two sections that must be completed are Assurance and Eligibility. You will not be able to continue with the application if you are found ineligible for a NURSE Corps Scholarship Program award based on your responses in these two sections. Once you have completed these sections entirely and are found eligible to participate in the program, you will be able to save your information and move on to the General Information section. The system will prevent you from accessing the next section until you have completed all required fields in the prior section. The online application is made up of the following sections after determining your eligibility:

Assurances

Eligibility

General Information

Background Information

Degree Information

Letters of Recommendation

Supporting Documents

Self-Certification

Review and Submit

Prior to submitting the online application, you will have the opportunity to review your online application. Please do so carefully. Once the application has been submitted, you will have the ability to edit your application until the deadline. Your final application will be available for review, download, and printing.

Please select "Start My Application" to begin your online application.

The final submission date is **May 4, 2017 at 7:30 PM EDT**. Remember to log into the NURSE Corps Scholarship Program online application to check the status of your application!

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0301 and expires 8/31/2018. The public reporting burden for this collection is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

START MY APPLICATION

1 **Assurances** 2 Eligibility 3 General Information 4 Background Information 5 Degree Information

6 Letters of Recommendation 7 Supporting Documents 8 Self-Certification 9 Review & Submit

Assurances
required field

1. I will provide a minimum of 2 years of full-time (or part-time equivalent) clinical services at a NURSE Corps Scholarship Program approved critical shortage facility. * ⓘ

○ Accept   ○ Decline

2. My services will begin following graduation from a school of nursing and being permanently licensed to practice as a registered nurse or an advanced practice registered nurse. * ⓘ

○ Accept   ○ Decline

3. I understand that if I fail to meet the above service requirements, I will be liable to the Federal Government to repay all funds paid to me under the NURSE Corps Scholarship Program and pay interest on such amounts at the maximum legal prevailing rate from the date of default. *

○ Accept   ○ Decline

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

1 Assurances   2 Eligibility   3 General Information   4 Background Information   5 Degree Information

6 Letters of Recommendation   7 Supporting Documents   8 Self-Certification   9 Review & Submit

Eligibility
required field

1. Are you a U.S. Citizen, U.S. National, or Lawful Permanent Resident? *

○ Yes   ○ No

2. Do you have any outstanding federal debt or any liens? * ⓘ

○ Yes   ○ No

3. Do you have an existing service obligation? * ⓘ

○ Yes   ○ No

4. Have you defaulted on any Federal or non-Federal payment obligations (e.g. Health Education Assistance Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans, or court ordered child support)? *

○ Yes   ○ No

5. Have you had any Federal or non-Federal debt written off as uncollectible? *

○ Yes   ○ No

6. Have you defaulted on a prior service obligation to a federal, state, or local government entity, or other entity? * ⓘ

○ Yes   ○ No

7. Have you been accepted by an accredited nursing school located in a State (including U.S. territories)? *

○ Yes   ○ No

8. Are you currently enrolled at an accredited Nursing School? * ⓘ

○ Yes   ○ No

9. Are you in a dual/joint degree program or combined degree program? *

○ Yes   ○ No

10. Are you in a bridge or direct-entry nursing program? *

○ Yes   ○ No

11. Have you ever been dismissed, placed on probation, suspended, or voluntarily withdrawn from a health profession school for academic or disciplinary reasons? *

○ Yes   ○ No

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

Tool Tips, Drop Downs and Expanded Questions in Eligibility section

Eligibility
required field

An applicant must be free of any judgment lien against his/her property arising from a debt owed to the United States. Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance.

nent Resident? *

2. Do you have any outstanding federal debt or any liens? *

○ Yes   ○ No

● Yes   ○ No

2. Do you have any outstanding federal debt or an

○ Yes   ● No

An applicant with an existing service obligation must complete this obligation prior to receipt of the NURSE Corps Scholarship Program award. Members of a Reserve component of the Armed Forces or National Guard are exempt.

3. Do you have an existing service obligation? *

○ Yes   ○ No

---

3. Do you have an existing service obligation? *

● Yes   ○ No

Applicants with an existing service obligation will be required to submit a document verifying that their existing service obligation will be completed prior to submission of this application.

Will it be completely satisfied on or before application submission? *

○ Yes   ○ No

Are you in a Reserve component of the Armed Forces including the National Guard? *

○ Yes   ○ No

○ Yes   ○ No

5. Have you had any Federal or no

An applicant that has defaulted on a prior service obligation to the Federal government, a State or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means is ineligible to receive Federal financial assistance.

○ Yes   ○ No

6. Have you defaulted on a prior service obligation to a federal, state, or local government entity, or other entity? *

○ Yes   ○ No

---

7. Have you been accepted by an accredited nursing school located in a State (including U.S. territories)? *

● Yes   ○ No

Will your class attendance and/or schoolwork from the above accredited nursing school for the 2017-2018 school year begin on or before September 30, 2017? *

○ Yes   ○ No

Enrolled is defined as having been formally admitted to an RN or NP Program at an accredited School of Nursing, committed to attend the program and have scheduled or are eligible to schedule classes which have or will begin no later than September 30, 2017.

cated in a State (including U.S. territories)? *

8. Are you currently enrolled at an accredited Nursing School? *

○ Yes   ○ No

8. Are you currently enrolled at an accredited Nursing School? * ⓘ

◉ Yes ○ No

In what type of nursing program are you currently enrolled or accepted? *   Select ▾

Are you in good standing? (i.e. not on academic probation, suspension or other disciplinary action) *

○ Yes ○ No

---

8. Are you currently enrolled at an accredited Nursing School? * ⓘ

◉ Yes ○ No

In what type of nursing program are you currently enrolled or accepted? *

Are you in good standing? (i.e. not on academic pro

○ Yes ○ No

| Select |
| RN - Associate Degree |
| RN - Diploma |
| RN - Bachelors of Science |
| MSN - Nurse Practitioner |
| MSN - Certified Nurse Mid-wife |
| MSN - Clinical Nurse Specialist |
| MSN - Certified Registered Nurse Anesthetist |
| MSN - Other |
| MSN/RN Generalist |
| DNP |

9. Are you in a dual/joint degree program or combined DNP

---

10. Are you in a bridge or direct-entry nursing program? *

◉ Yes ○ No

Is this bridge program RN to BSN? *

○ Yes ○ No

Is this bridge program RN to MSN/NP? *

○ Yes ○ No

Is this direct entry program Bachelor's (non-nursing) to MSN/RN Generalist? *

○ Yes ○ No

① Assurances ② Eligibility ③ General Information ④ Background Information ⑤ Degree Information

⑥ Letters of Recommendation ⑦ Supporting Documents ⑧ Self-Certification ⑨ Review & Submit

General Information
required field

APPLICATION TYPE

Are you a full-time or part-time student? *   ○ Full-time   ○ Part-time

FULL NAME

First Name *   Cindy

Last Name *   Smith

Middle Initial   F

Title   Ms. ▾

Suffix   Select ▾

HOME (PERMANENT) ADDRESS

Address Line 1 *

Address Line 2

Country *   Select ▾

State/Province/Region/Territory *   Select ▾

City *

Zip/Postal Code *

PREFERRED MAILING ADDRESS

☐ My preferred mailing address is the same as my home address

Address Line 1 *

Address Line 2

Country *   Select ▾

State/Province/Region/Territory *   Select ▾

City *

Zip/Postal Code *

PHONE

☐ My preferred phone is an international number

Preferred Phone *

☐ My alternate phone is an international number

Alternate Phone

EMAIL

Preferred * ⓘ   cstest1530@gmail.com

Alternate ⓘ

SOCIAL SECURITY NUMBER

SSN * ⓘ

Confirm SSN *

HOW DID YOU HEAR ABOUT NURSE CORPS SCHOLARSHIP PROGRAM

How did you hear about the NURSE   Select ▾
Corps SP? *

SAVE & CONTINUE

① Assurances ② Eligibility ③ General Information ④ Background Information ⑤ Degree Information

⑥ Letters of Recommendation ⑦ Supporting Documents ⑧ Self-Certification Review & Submit

Background Information
required field

PLACE OF BIRTH

Country *   United States

State/Province/Region/Territory *   Select

City *   [   ]

Date of Birth *   [   ] 📅

DEMOGRAPHICS

Award selection will not be determined by this section

Gender   ○ Male
                        ○ Female

Ethnicity   ○ Hispanic or Latino
                        ○ Not Hispanic or Latino

Race   ☐ American Indian or Alaskan Native
*You may multi-select   ☐ Asian
different race values.* ☐ Black or African-American
                        ☐ Native Hawaiian or Other Pacific Islander
                        ☐ White

BACKGROUND EDUCATION INFORMATION

Highest level of education received *   Select

Year received *   Select

EMERGENCY/ALTERNATE CONTACT INFORMATION

First Name *   [   ]

Last Name *   [   ]

Middle Initial   [   ]

Address Line 1 *   [   ]

Address Line 2   [   ]

Country *   United States

State/Province/Region/Territory *   Select

City *   [   ]

Zip/Postal Code *   [   ]

☐ Contact's preferred phone is an international number

Preferred Phone *   [   ]

☐ Contact's alternate phone is an international number

Alternate Phone   [   ]

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

1 Assurances   2 Eligibility   3 General Information   4 Background Information   5 Degree Information

6 Letters of Recommendation   7 Supporting Documents   8 Self-Certification   9 Review & Submit

Degree Information
required field

Specify the discipline and degree you will receive upon the completion of your program or school.

The discipline and degree you select must be at the accredited school you select in the school information section. Selecting a discipline and degree program that is not offered at the school selected will cause delays in processing your application. If you change your discipline or specialty after selecting your school, you will need to reselect your school.

PROFESSIONAL HEALTH DISCIPLINE

Discipline * ℹ️   [Select ▾]

What degree or certification will you receive upon   [Select ▾]
completion of your program? *

SCHOOL

Please select the "Search School" button below to identify your school. If you are unable to locate your school, you will be prompted to request a new school. Upon submission of your request, NURSE Corps Scholarship Program will review and verify your school's accreditation and follow up with you.

Please note: The process to add a school may take up to 48 hours (two business days). Requests must be submitted with ample time remaining before the application cycle closes.

The NURSE Corps Scholarship Program considers a nursing program to be accredited if it is accredited by a national or regional nurse education accrediting agency or state approval agency recognized by the Secretary of the U.S. Department of Education. For a complete list of nursing accreditation agencies recognized by the Secretary of the U.S. Department of Education, please visit the **U.S Department Of Education Accreditation Agency List.** ⧉

[   ]
[SEARCH SCHOOL   ]

Do you pay resident or non-resident tuition?   ○ Resident (In State)   ○ Non-Resident (Out of State)

What is the date you started, or will start, the   [   ] 📅
Nursing Program for which you are requesting
funding?

What is your program end date?   [   ] 📅

What is your expected graduation date?   [   ] 📅

On 9/30/2017, in what year of your nursing   [Select ▾]
program will you be enrolled? ℹ️

Time left until completion of program   [Select ▾] years [Select ▾] months

Please review this table to understand the number of years required for service if awarded.

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2017-2018)	2 Years Full-Time
Up to 2 Full-Time School Years (2017-2019)	2 Years Full-Time
Up to 3 Full-Time School Years (2017-2020)	3 Years Full-Time
Up to 4 Full-Time School Years (2017-2021)	4 Years Full-Time

GPA

☐ This is a non-standard GPA

GPA   [   ]

EXPECTED FAMILY CONTRIBUTION

Enter your Expected Family Contribution (EFC) as indicated on your $ [   ]
Complete Official Student Aid Report ℹ️

[SAVE & CONTINUE]

OMB No. 0915-0301 Expiration Date: 05/31/2018

PROFESSIONAL HEALTH DISCIPLINE

Discipline * ⓘ   [Nurse Practitioner ▾]

What degree or certification will you receive upon   [Master's   ▾]
completion of your program? *

SCHOOL

Please select the "Search School" button below to identify your school. If you are unable to locate your school, you will be prompted to request a new school. Upon submission of your request, NURSE Corps Scholarship Program will review and verify your school's accreditation and follow up with you.

Please note: The process to add a school may take up to 48 hours (two business days). Requests must be submitted with ample time remaining before the application cycle closes.

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SEARCH SCHOOL

School Search Process

NURSE CORPS
Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Home   Account Settings   Log Out

① Assurances   ② Eligibility   ③ General Information   ④ Background Information   ⑤ Degree Information

⑥ Letters of Recommendation   ⑦ Supporting Documents   ⑧ Self-Certification   ⑨ Review & Submit

School Information
required field

◀ **Return to Degree Landing Page**

Please provide the following information about your school and select the "search" button to search for your school in our system.

SCHOOL INFORMATION

Please provide your school information in the fields below.

School Name * ⓘ   [   ]

State or Territory *   [Select   ▾]

School City   [   ]

SEARCH

School Information

* required field

◀ **Return to Degree Landing Page**

Please provide the following information about your school and select the "search" button to search for your school in our system.

SCHOOL INFORMATION

Please provide your school information in the fields below.

School Name * ⓘ   University of Alabama at Birmingham

State or Territory *   Alabama ▾

School City   Birmingham

SEARCH

Please select your school from the search results. If your school is not in the list of results provided, select "Click here if your school is not listed in the above search results."

	School Name	Address	City	State
Select	UNIVERSITY OF ALABAMA AT BIRMINGHAM	UNIV OF ALABAMA @ BIRMINGHAM 317 HILL UNIV CTR-HUC 69	BIRMINGHAM	AL
Select	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF HEALTH PROFESSIONS	430 SCHOOL OF HEALTH PROFESSIONS BUILDING 1707 UNVIRSITY BLVD. BIRMINGHAM AL	BIRMINGHAM	AL
Select	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF NURSING	1720 2ND AVE S	BIRMINGHAM	AL

Click here if your school is not listed in the above search results ▶

OMB No. 0915-0301 Expiration Date: 05/31/2018

School Information

* required field

◀ **Return to Degree Landing Page**

Please provide the following information about your school and select the "search" button to search for your school in our system.

SCHOOL INFORMATION

Please provide your school information in the fields below.

School Name * ⓘ   University of Alabama at Birmingham

State or Territory *   Alabama ▾

School City   Birmingham

SEARCH

To ensure your school is not already in our system, review the list of all schools within the selected state. If your school has multiple entries, please check the address information to ensure you are selecting the correct campus. If your school is not in the list of results provided, select "Click here if your school is not listed in the above search results to request a new school".

`1` `2` `3` `4`

	School Name	Address	City	State
Select	AUBURN UNIV DEPT OF SPEECH		AUBURN	AL
Select	AUBURN UNIV SCH OF PHARMACY	AUBURN UNIVERSITY, SCH OF PHAR 312 MARTIN HALL	AUBURN	AL
Select	AUBURN UNIV SCH OF VET MED	AUBURN UNIV-VET MED 214 MARY MARTIN HALL	AUBURN	AL
Select	AUBURN UNIVERSITY	217 WALKER BUILDING	AUBURN	AL
Select	ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE	445 HEALTH SCIENCES BLVD.	DOTHAN	AL
Select	ALABAMA SOUTHERN COMMUNITY COLLEGE	2800 SOUTH ALABAMA AVENUE	MONROEVILLE	AL
Select	ALABAMA STATE UNIVERSITY	PO BOX 271	MONTGOMERY	AL
Select	AUBURN UNIVERSITY - SCHOOL OF NURSING		AUBURN	AL
Select	AUBURN UNIVERSITY MONTGOMERY - SCHOOL		MONTGOMERY	AL

If the applicant does not see their school in the results then they can request a new school

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information

6 Letters of Recommendation 7 Supporting Documents 8 Self-Certification 9 Review & Submit

Request New School Or Degree
required field

◄ Return to School Search

Your school or degree program is not in our system. Please complete the following fields. The NURSE Corps Scholarship Program Staff will review your request and update our system accordingly.

SCHOOL INFORMATION

School Name *   University of Alabama at Birmingham

School Address

Address Line 1 *

Address Line 2

City *   Birmingham

State/Province/Region/Territory *   Alabama ▼

Zip/Postal Code *

ACCREDITATION INFORMATION

We do not have current accreditation information for your degree program at your selected school. Providing the accreditation information for your degree program will help the NURSE Corps Scholarship Program staff will verify your program's accreditation. Providing program accreditation information is **optional**.

Discipline   Nurse Practitioner

Degree/Certification   Master's

Degree Program Accreditation Body   Select ▼

POINT OF CONTACT INFORMATION

Providing at least one point of contact for your degree program will help the NURSE Corps Scholarship Program staff verify your school and degree information. Providing a point of contact is **optional**.

Point of Contact Type *	First Name *	Last Name *	Phone Number *	Email Address *
Select ▼				

Add Additional POC

When you select "Save & Continue" a request will be sent to the NURSE Corps Scholarship Program staff to review your school and degree information. You will be notified by email with a decision about the accreditation eligibility of your school when the review is complete. The process to add a school may take up to 48 hours (two business days).

You may continue to complete other sections of your application while your school information is being verified.

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

Accreditation drop down

SCHOOL INFORMATION

School Name *   University of Alabama at Birmingham

School Address

Address Line 1 *   68 University

Address Line 2

City *   Birmingham

State/Province/Region/Territory *   Alabama

Zip/Postal Code *   36201

ACCREDITATION INFORMATION

We do not have current accreditation information for your degree program at your selected school. Providing the accreditation information for your degree program will help the NURSE Corps Scholarship Program staff will verify your program's accreditation. Providing program accreditation information is **optional**.

Discipline   Nurse Practitioner

Degree/Certification   Master's

Degree Program Accreditation Body

Select
Accreditation Commission for Education in Nursing (ACEN)
Accreditation Commission for Midwifery Education
Accreditation Review Commission on Education for the Physician Assistant
American Academy of Nurse Practitioners
American College of Nurse-Midwives, Division of Accreditation (American Midwifery Certification Board)
American Dental Association, Commission on Dental Accreditation
American Nurses Credentialing Center
American Osteopathic Association, Commission on Osteopathic College Accreditation
Commission on Collegiate Nursing Education (CCNE)
Council on Accreditation of Nurse Anesthesia Educational Programs
Kansas State Board of Nursing
Liaison Committee on Medical Education
Maryland Board of Nursing
Midwifery Education Accreditation Council
Missouri State Board of Nursing
National Commission on Certification of Physician Assistants
National League for Nursing Accrediting Commission
New York State Board of Regents, State Education Department, Office of the Professions (Nursing Education)
North Dakota Board of Nursing
Pediatric Nursing Certification Board

POINT OF CONTACT INFORM

Providing at least one point of contact fo
your school and degree information. Pro

Point of Contact Type *	First Na
Select	

When you select "Save & Continue" a r
school and degree information. You will
school when the review is complete. Th

You may continue to complete other sections of your application while your school information is being verified.

SAVE & CONTINUE

NURSECORPS
Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

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✓ You have submitted a school not found request successfully.

① Assurances ② Eligibility ③ General Information ④ Background Information ⑤ Degree Information
⑥ Letters of Recommendation ⑦ Supporting Documents ⑧ Self-Certification ⑨ Review & Submit

Degree Information
required field

Specify the discipline and degree you will receive upon the completion of your program or school.

The discipline and degree you select must be at the accredited school you select in the school information section. Selecting a discipline and degree program that is not offered at the school selected will cause delays in processing your application. If you change your discipline or specialty after selecting your school, you will need to reselect your school.

PROFESSIONAL HEALTH DISCIPLINE

Discipline * ⓘ   [Nurse Practitioner ▾]

What degree or certification will you receive upon   [Master's ▾]
completion of your program? *

SCHOOL

Please select the "Search School" button below to identify your school. If you are unable to locate your school, you will be prompted to request a new school. Upon submission of your request, NURSE Corps Scholarship Program will review and verify your school's accreditation and follow up with you.

Please note: The process to add a school may take up to 48 hours (two business days). Requests must be submitted with ample time remaining before the application cycle closes.

The NURSE Corps Scholarship Program considers a nursing program to be accredited if it is accredited by a national or regional nurse education accrediting agency or state approval agency recognized by the Secretary of the U.S. Department of Education. For a complete list of nursing accreditation agencies recognized by the Secretary of the U.S. Department of Education, please visit the **U.S Department Of Education Accreditation Agency List.** ⊞

REQUEST STATUS : SUBMITTED REVIEW NOT STARTED

A new school/degree request is currently in progress for the following school. While the request is under review you may not change your school information. You may, however; cancel your request to select or request a different school.

SELECTED SCHOOL   **Want to Cancel Your Request?**

University of Alabama at Birmingham   [**Cancel Review Request**]
68 University
Birmingham, AL 36201

Once you select the Time left until completion of program years and months the Start and End Dates section will appear.

Do you pay resident or non-resident tuition?   ◉ Resident (In State)   ○ Non-Resident (Out of State)

What is the date you started, or will start, the Nursing Program for which you are requesting funding?   08/21/2017

What is your program end date?   05/10/2019

What is your expected graduation date?   06/01/2019

On 9/30/2017, in what year of your nursing program will you be enrolled? ⓘ   First ▾

Time left until completion of program   2 ▾ years   0 ▾ months

Start and End Dates

Please enter the start and end dates of **each** year left in your program. Your academic school year must be between July 1st and June 30th. You must start classes on or before September 30th.

You must request funding for the upcoming school year and the funding years must be consecutive school years. You must indicate which years you are seeking scholarship funding by checking the box 'I am requesting funding for this school year.' Note: the NURSE Corps Scholarship Program will only pay tuition and fees for required courses in summer school when summer school is an academic term normally required by the school for the nursing program.

Year 1 Start Date   08/21/2017   Year 1 End Date   06/29/2018
☐ I am requesting funding for year 1

Year 2 Start Date   07/01/2018   Year 2 End Date   05/10/2019
☐ I am requesting funding for year 2

Please review this table to understand the number of years required for service if awarded.

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2017-2018)	2 Years Full-Time
Up to 2 Full-Time School Years (2017-2019)	2 Years Full-Time
Up to 3 Full-Time School Years (2017-2020)	3 Years Full-Time
Up to 4 Full-Time School Years (2017-2021)	4 Years Full-Time

Start and End Dates

Please enter the start and end dates of **each** year left in your program. Your academic school year must be between July 1st and June 30th. You must start classes on or before September 30th.

You must request funding for the upcoming school year and the funding years must be consecutive school years. You must indicate which years you are seeking scholarship funding by checking the box 'I am requesting funding for this school year.' Note: the NURSE Corps Scholarship Program will only pay tuition and fees for required courses in summer school when summer school is an academic term normally required by the school for the nursing program.

Year 1 Start Date * `08/21/2017` 📅   Year 1 End Date * `06/29/2018` 📅
☑ I am requesting funding for year 1

Year 2 Start Date * `07/01/2018` 📅   Year 2 End Date * `05/10/2019` 📅
☑ I am requesting funding for year 2

Please review this table to understand the number of years required for service if awarded.

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2017-2018)	2 Years Full-Time
Up to 2 Full-Time School Years (2017-2019)	2 Years Full-Time
Up to 3 Full-Time School Years (2017-2020)	3 Years Full-Time
Up to 4 Full-Time School Years (2017-2021)	4 Years Full-Time

GPA

Please enter your most recently completed undergraduate or graduate program cumulative GPA (provide Pass/Fail or alternate GPA Option by selecting Non-Standard GPA).

Please upload the most recent undergraduate or graduate degree transcript (i.e. the transcript which reflects the entered GPA) on the Supporting Document page.

☐ This is a non-standard GPA

GPA * `3.75`

EXPECTED FAMILY CONTRIBUTION

Enter your Expected Family Contribution (EFC) as indicated on your Complete Official Student Aid Report * ℹ️ $ `571`

SAVE & CONTINUE

① Assurances ② Eligibility ③ General Information ④ Background Information ⑤ Degree Information

⑥ Letters of Recommendation ⑦ Supporting Documents ⑧ Self-Certification ⑨ Review & Submit

Letters of Recommendation
required field

All recommendations must be completed online. It is your responsibility to ensure that both recommendations are submitted by the deadline date. You will not be able to submit your Nurse Corps Scholarship Program application until both recommendations are completed. You will be able to continue to the next page of the application once both requests are sent out. Additionally, you may cancel and re-submit a request as long as the letter has not already been completed by the recommender. You will receive an email notification once the recommender completes the process, however you will not be able to see the completed letter of recommendation. The recommender will not be able to upload letters of recommendation after the application deadline (May 4, 2017 at 7:30 PM EDT) or once you submit your application.

If the applicant is currently enrolled in the nursing program for which the scholarship award application is intended the recommendation letter should be from the Department Chair, faculty advisor, or a faculty member of that academic program who can attest to the applicant's qualifications. If the applicant has not begun the training associated with the scholarship, the letter should be from the Department Chair, faculty advisor, or a faculty member of the applicant's most recent academic program. The letter must have a handwritten/electronic signature and/or be on the institution's letterhead.

Status: Not Started

Recommender Title *   Select ▼

First Name *   [   ]

Last Name *   [   ]

Email *   [   ]

Request Recommendation

The Non-Academic Letter of Recommendation should be from an individual who is familiar with the applicant's professional, community, and/or civic activities, especially those related to underserved communities. The recommender can be an employer or previous employer, community leader, colleague, or anyone who has knowledge of the applicant's demonstrated work and or interest and motivation to provide care to underserved communities. The recommender must not be a family member. The letter must have a handwritten/electronic signature and/or be on letterhead.

Status: Not Started

Recommender Title *   Select ▼

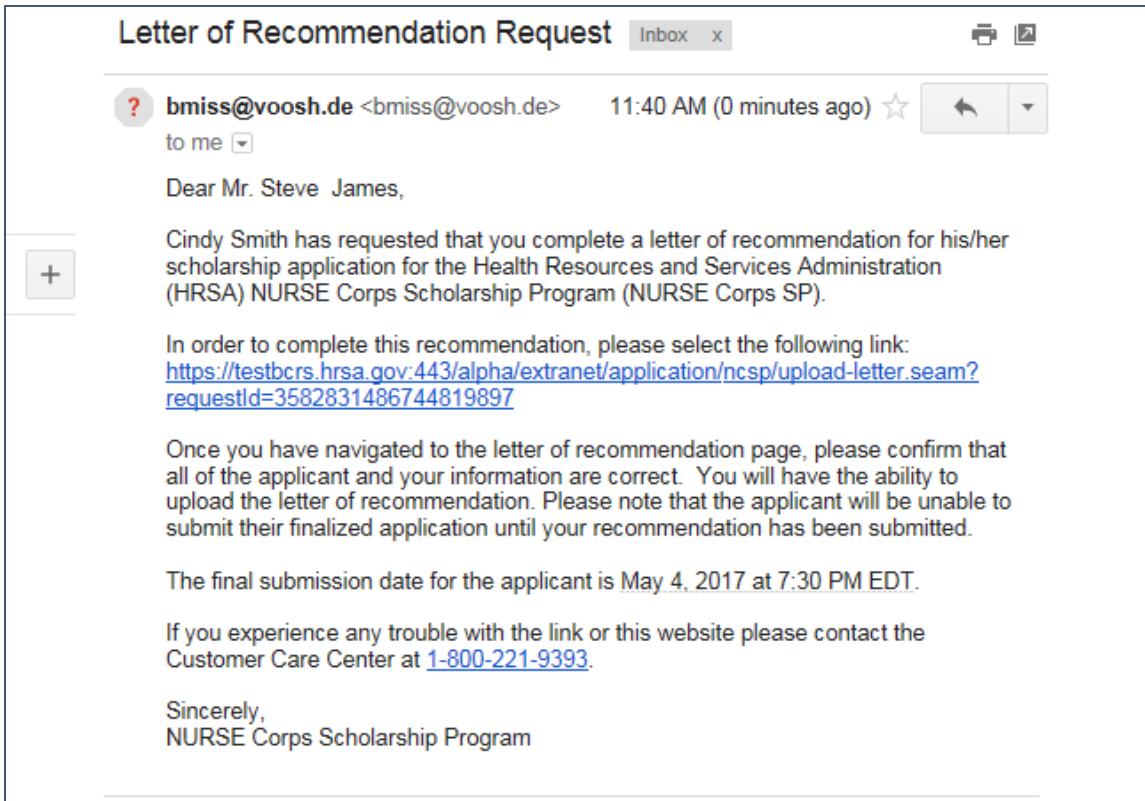First Name *   [   ]

Last Name *   [   ]

Email *   [   ]
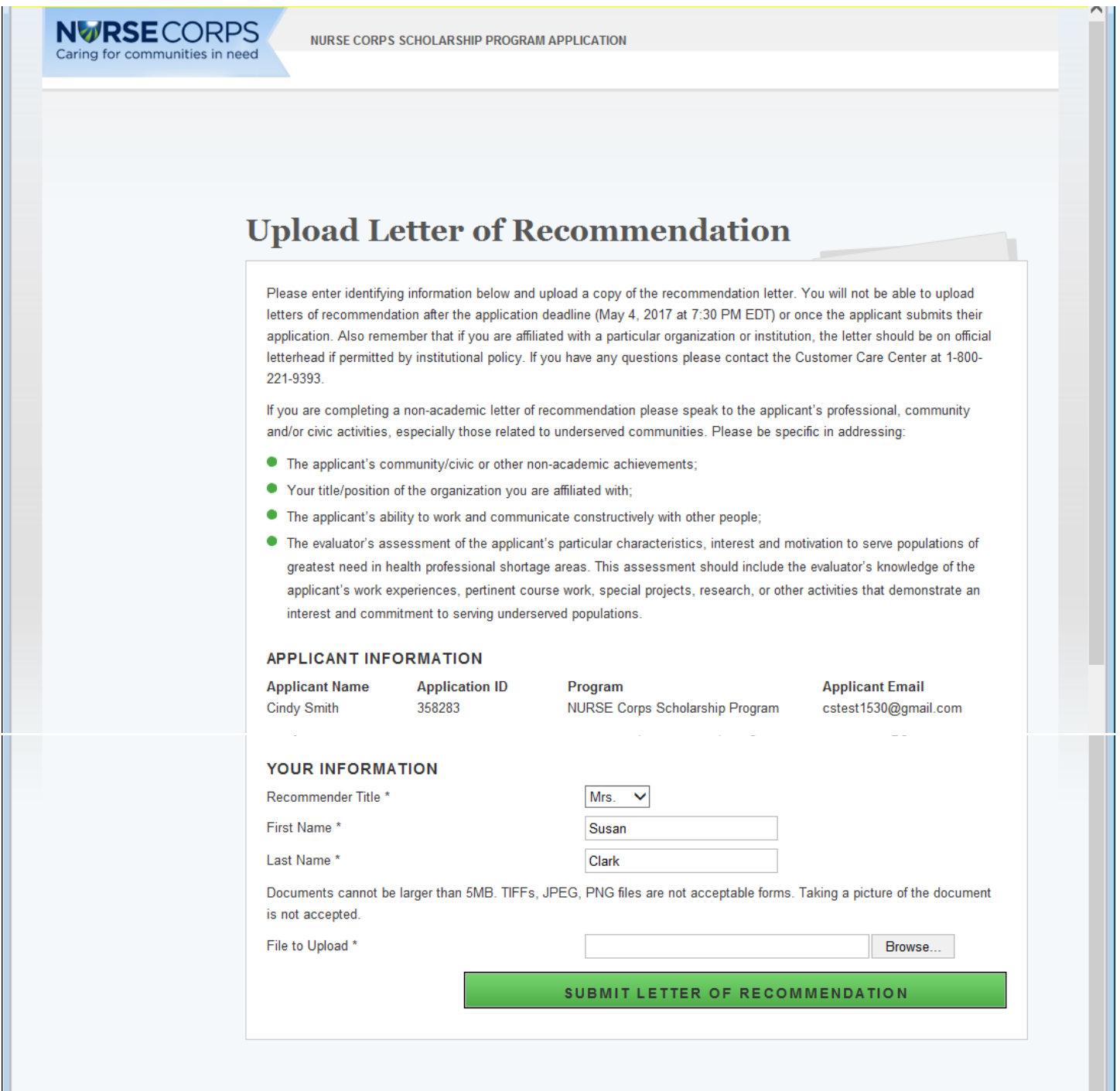
Request Recommendation

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

Sample email the Recommender will receive.

When the Recommender selects the link in the email, they will be directed to the Letter of Recommendation page

①Assurances ②Eligibility ③General Information ④Background Information ⑤Degree Information

⑥Letters of Recommendation ⑦Supporting Documents ⑧Self-Certification ⑨Review & Submit

Supporting Documents
required field

Select the document you would like to upload and then browse the document in and select "Upload". All documents are required in order to select "Continue." Once you have uploaded the documents, you will be able to view the link of the downloaded document.

Please upload PDF documents when possible to enhance processing time. Documents cannot be larger than 5MB in size. **TIFF, JPEG, PNG, and HTML are NOT acceptable file types.** Multiple page documents must be merged and submitted as one single document before it is uploaded. Multiple documents uploaded in the incorrect location may cause delays in processing your application.

All information provided in the supporting documents *must match exactly what is entered in the* online application. Any discrepancies will cause your application to not be considered for an award.

For more information on any other documents, please view the **2017 NURSE Corps Scholarship Program Application and Program Guidance**.

ESSAY QUESTIONS

How will you contribute to the mission of the NURSE Corps Scholarship Program in providing care to underserved communities?

What experiences have you had that have prepared you to work with underserved populations? For example: community service, internships, and federally funded health programs; or work in rural, frontier or tribal settings.

Please discuss your commitment to pursue a career in nursing.

Each response should be limited to 5,000 characters or less (approximately ½ page), one page per essay. We recommend that you use a standard word processing tool (e.g., Microsoft Word, Word Perfect) to respond to the questions. The applicant must provide the first initial and last name and their Application ID number at the top of each document.

TEMPLATE DOCUMENTS

Please use the following document templates for the corresponding supporting documents (do not use alternative or school documents). You will need to print the forms, fill them out, and scan them in order to upload.

- **Authorization to Release Information**
- **Verification of Acceptance/Good Standing Report**

UPLOAD DOCUMENTS

List of supporting documents.

	Document Title	Document File	Status	Delete
○	Authorization to Release Information*		Not Received	
○	Complete Official Student Aid Report*		Not Received	
○	Current Year Tuition and Fees Schedule*		Not Received	
○	Essay 1 - Mission of NURSE Corps SP*		Not Received	
○	Essay 2 - Experience in Underserved Communities*		Not Received	
○	Essay 3 - Service Commitment*		Not Received	
○	Proof of Citizenship or U.S. National; Lawful Permanent Resident*		Not Received	
○	Resume/CV*		Not Received	
○	Transcript*		Not Received	
○	Verification of Acceptance/Good Standing*		Not Received	

[   ] Browse...   **Upload**

SAVE & CONTINUE

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information

6 Letters of Recommendation 7 Supporting Documents 8 Self-Certification 9 Review & Submit

Self-Certification
required field

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS FORM

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;

    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; or

    commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects his/her present responsibility

- Is presently indicated 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.

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

☐ I certify that I have read and understand the terms of the 2017 NURSE Corps Scholarship Program Application and Program Guidance *

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

After the applicant has self-certified by checking the two boxes, the Save and Continue button will turn green.

- Is presently indicated 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.

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

☑ I certify that I have read and understand the terms of the 2017 NURSE Corps Scholarship Program Application and Program Guidance *

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

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1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information

6 Letters of Recommendation 7 Supporting Documents 8 Self-Certification 9 Review & Submit

Review & Submit

Please review each of the sections listed below prior to submitting your application.

You may edit your application up until the deadline; however, you will need to re-submit by the deadline to be considered for an award. After submission, your final application will be available to review, download, and print in PDF format on the Home page. All supporting documents will be listed on the Home page along with the school, discipline, and number of years of funding you have requested. The deadline to submit the NURSE Corps SP application is May 4, 2017 at 7:30 PM EDT.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	In Progress
Letters of Recommendation	Complete
Supporting Documents	Complete
Self-Certification	Complete
Review & Submit	In Progress

SUBMIT YOUR APPLICATION:

I certify that the information given in this application, including supporting documentation uploaded into 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, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79)

Enter your password to sign * [   ]

SUBMIT

OMB No. 0915-0301 Expiration Date: 05/31/2018

NURSE Corps Scholarship Program Application

Hello Cindy,

Welcome back to the NURSE Corps Scholarship Program online application!

Your overall application status is: **In Progress**

Your application ID is: **358283**

Please note your application ID. It will be required for program and technical support as well as identification on specified documents

Application Deadline: **May 4, 2017 at 7:30 PM EDT**

Please select "Continue" or the desired section you wish to complete by clicking on the link of the section below.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	In Progress
Letters of Recommendation	Complete
Supporting Documents	Complete
Self-Certification	Not Started
Review & Submit	Not Started

CONTINUE

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1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information
6 Letters of Recommendation 7 Supporting Documents 8 Self-Certification 9 Review & Submit

Self-Certification

required field

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS FORM

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;

  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; or

  commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects his/her present responsibility

- Is presently indicated 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.

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

☑ I certify that I have read and understand the terms of the 2017 NURSE Corps Scholarship Program Application and Program Guidance *

SAVE & CONTINUE

Review & Submit

Please review each of the sections listed below prior to submitting your application.

You may edit your application up until the deadline; however, you will need to re-submit by the deadline to be considered for an award. After submission, your final application will be available to review, download, and print in PDF format on the Home page. All supporting documents will be listed on the Home page along with the school, discipline, and number of years of funding you have requested. The deadline to submit the NURSE Corps SP application is March 19, 2017 at 2:08 PM EDT.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	Complete
Letters of Recommendation	Complete
Supporting Documents	Complete
Self-Certification	Complete
Review & Submit	In Progress

SUBMIT YOUR APPLICATION:

I certify that the information given in this application, including supporting documentation uploaded into 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, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79)

Enter your password to sign *

SUBMIT

This is the screen applicant will see after they submit. They can view, edit or withdraw their application until the applicaion deadline

NURSE Corps Scholarship Program Application

Hello Cindy,

You have submitted your NURSE Corps Scholarship Program online application and all required supporting documents!

Your overall application status is: **Submitted**

Your application ID is: **369314**

School Name: **University of Alabama - School of Nursing**

Discipline: **Nurse Practitioner**

Number of funding years requested: **2**

View your submitted application

It is your responsibility to ensure that the entirety of your application and supporting documents has been accurately submitted. Applications found with deficiencies or missing information will not qualify for review. For further guidance please refer to the **2017 NURSE Corps Scholarship Program Application and Program Guidance.**

If there are any changes you would like to make to your application, you may edit and resubmit your application by the application deadline (March 19, 2017 at 2:08 PM EDT). Applications not resubmitted by this time will not be considered for an award. Click the button below to edit your application.

Edit Application

If you are no longer interested in the 2017 NURSE Corps Scholarship Program award, please click the button below to withdraw your application. Once you withdraw your application, you may resubmit your current application using the edit button above until March 19, 2017 at 2:08 PM EDT. Applications not resubmitted by this time will not be considered for an award.

Withdraw

It is important to keep your contact information accurate and up to date. If updates are necessary, please make the appropriate changes on the **Account Settings** page.

GENERAL SUPPORTING DOCUMENTS

Document Title	Document Name	Status
Authorization to Release Information	1 A Test documen1.docx	Received
Complete Official Student Aid Report	1 A Test documen1.docx	Received
Current Year Tuition and Fees Schedule	1 A Test documen1.docx	Received
Essay 1 - Mission of NURSE Corps SP	1 A Test documen1.docx	Received
Essay 2 - Experience in Underserved Communities	1 A Test documen1.docx	Received
Essay 3 - Service Commitment	1 A Test documen1.docx	Received
Proof of Citizenship or U.S. National; Lawful Permanent Resident	1 A Test documen1.docx	Received
Resume/CV	1 A Test documen1.docx	Received
Transcript	1 A Test documen1.docx	Received
Verification of Acceptance/Good Standing	1 A Test documen1.docx	Received