

NATIONAL INSTITUTES OF HEALTH | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[home](#)    [for prospective applicants](#)

## UNDERGRADUATE SCHOLARSHIP PROGRAM

OMB Clearance Number: 0925-0299

Expiration Date: [30-June-2019](#)

### PROGRAM APPLICATION

**Instructions:** Before you begin, you may want to review some [helpful hints](#) on using this electronic form and our [privacy statement](#).

#### Eligibility Criteria:

1. Candidates must be U.S. citizens or U.S. permanent residents.
2. Candidates must be enrolled or accepted for enrollment as a full-time student at an accredited 4-year undergraduate institution located in the United States of America.
3. High school students are not eligible.
4. Candidates must have an Undergraduate University Grade Point Average of 3.3 or higher on a 4.0-point scale or within the top 5 percent of your class.
5. Candidates must have an 'Exceptional Financial Need' as certified by your undergraduate institution financial aid office (<https://www.training.nih.gov/programs/ugsp>).

#### Application Tips:

This form allows you to save a partially completed application. To take advantage of this feature:


- Enter as much information into the form as you would like. Note that you must complete certain fields--Name, Email Address, Phone, etc. --in order to save a partial application.
- Press "Save Partial Application & Quit" to save the information you have entered thus far. You will have to return later to complete your application.
- When you first submit your partial application, you will receive an email message containing instructions for accessing the online tool that allows you to review, modify, and complete your application.

Only **completed** applications are available for review by NIH investigators and administrators; partial applications are **not** accessible by NIH investigators. Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. **To submit your completed application, you must select the "Save" button on the Preview page.**

**IMPORTANT NOTE:** The deadline for receipt of completed applications is **March 15, 2019** (11:59 p.m., Eastern Time). Applications that are incomplete after the deadline will not receive further consideration.


1. Please read the "[Undergraduate Scholarship Program page](#)" and "[UGSP Frequently Asked Questions](#)" before beginning your online application.
2. Be sure that the email addresses you provide for your references are accurate. Incorrect email addresses will delay the processing of your application and could result in your application not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appear as you intend, compose your

- inputs to the longer fields on this form using a plain text editor (e.g., Notepad for PC users or TextEdit for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
  5. Letter of recommendation requests are submitted immediately to your references upon saving of a partial application or submission of a complete application, whichever may be first.
  6. Letters of recommendation are due no later than **March 29, 2019**, at 11:59 pm EDT. We will not accept letters after that time.

 Indicates a required field.

### Minimally Required


You must enter this information if you wish to save your application.

**Name:**     

Prefix First MI Last


**Email Address:**   Format: user@server.com

**Permanent Home Phone:**   Format: (999) 999-9999


**Citizenship Status:**  

**Current Education Level:**  

**Year at Current Level:**  

**Enrollment:** Are you enrolled in, or have you applied to, a 4-year college/university program located in the U.S.? 

Yes  No

**Education:** Have you been awarded a bachelor's or master's degree? 

Yes  No

**Certification of Non-Delinquent Status:** The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants of the NIH Undergraduate Scholarship Program must certify that they do not have a judgment lien against their property arising from a debt to the United States.

*I certify I do not have delinquent status.*

I agree  I disagree 

**Certification of Application - Information is True, Complete, and Accurate:** I certify that information given in this application (including any personal statements) is true, complete, and accurate to the best of my knowledge and does not omit any material fact, which would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of this application, or, if awarded scholarship benefits, that I am liable for return of all awarded funds and, further, that any false statement may be punishable as a felony under U.S. Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

I agree  I disagree 

**Certification of Application - Release of Information to UGSP:** To ensure your eligibility requirements, the UGSP may need to contact your academic institutions for clarification of information in your application or financial form.

*I authorize the program(s) indicated in my Educational History to release information about my academic, financial, service, and any other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized*

Government officials. This release is valid for six months after completion of all UGSP requirements.

I agree  I disagree

### References – Minimally Required

You must enter this information if you wish to save your application.

Under the Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), you have the right to access the information contained within a letter of recommendation unless you have waived such access. The National Institutes of Health (NIH) does not require you to waive your permission as a condition of admission. For each reference, your response about waiving access to each letter of recommendation is required. Your references will be given your response in the recommendation request message sent by email. See [Family Educational Rights & Privacy Act](#).

#### Reference 1:

Name:      
Prefix First MI Last

Email:  Format: user@server.com

Waive Access:  Yes  No

#### Reference 2:

Name:      
Prefix First MI Last

Email:  Format: user@server.com

Waive Access:  Yes  No

#### Reference 3:

Name:      
Prefix First MI Last

Email:  Format: user@server.com

Waive Access:  Yes  No

### Personal Information

Permanent Address:

Address Line 2:

City:

State:

(Use DC for District of Columbia and NA if your permanent address is not in the U.S.)

Zip/Postal Code:

Country/Region:

### Academic Information

You must provide a complete history of all academic courses and grades you have taken and are currently taking. Be certain to reformat your transcript information as directed, else the admission committee will have difficulty understanding and assessing your academic experience and strengths. Updated information about your courses and grades will not be accepted after the application deadline.

**Do you have coursework from a 2-year academic institution?**

Yes  No

**Are you, or do you anticipate, transferring from a 2-year program to a 4-year program this Fall?**

Yes  No

### CV/Resume Sections

Answer the following questions using the space provided. You may copy and paste plain text though reformatting may be necessary. Be sure to make note of the character limits, which include spaces.

Please do not place hard returns at the end of each line – it is only necessary at the end of paragraphs. The open text fields are designed to automatically wrap text.

**Personal Statement (Up to 4500 characters):** Include evidence of your enthusiasm to pursue a research-related career and any barriers you may have overcome to pursue your education.

**Scientific Discipline / Research Interests (Up to 4500 characters):** Include any significant research experiences. If you have no experience, elaborate on the research you would like to pursue and any recent finding that interest you.

**Influential Person or Event (Up to 1800 characters):** Describe an influential person or event that has impacted your educational or career aspirations.

**Career Interests and Goals (Up to 1800 characters):** What is your ultimate goal and describe your planned academic path and training to achieve it?

**Awards & Honors (Up to 3000 characters):** List awards and honors you have received in your undergraduate career. Freshman year applicants should list awards and honors received in high school.

**Experiences and Extracurricular Activities (Up to 3000 characters):** List any additional experiences and extracurricular activities, including volunteer experiences you participated in during college. Freshman year applicants should include high school experiences and extracurricular activities. Describe your role in in each activity and include any civic and academic leadership roles.

**Presentations (Up to 3000 characters):** List any STEM / health-related oral or poster presentations you have given during college. Freshman year applicants should include high school STEM / health-related oral or poster presentations.

**Additional Information (Up to 1500 characters):**

**How did you hear about this program? (Please select all that apply.)**

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school

Web search

Other; please specify:

**Notice to all applicants:**

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application or provided during an interview may be grounds for denying your candidacy or removing you from the program.

Failure to wait for the confirmation webpage will result in an unsuccessful upload. Please be patient.

[Save Partial Application & Quit](#)

[Preview Completed Application](#)

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 60 minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

[NIH Home](#) | [DHHS](#) | [USA.gov](#) | [About Us](#) | [Site Search](#) | [Accessibility](#)

[Privacy Notice](#) | [Disclaimers](#) | [FOIA](#) | [Contact Us](#)

