

## UNDERGRADUATE SCHOLARSHIP PROGRAM - RENEWAL APPLICATION

OMB Clearance Number: 0925-0299

Expiration Date: 30-June-2019

### PROGRAM RENEWAL 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. Only UGSP Scholars are eligible to submit this renewal application.
2. Candidates must be U.S. citizens or U.S. permanent residents.
3. 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.
4. Candidates must have an Undergraduate University Grade Point Average of 3.3 or higher on a 4.0-point scale.
5. To be eligible for award renewal, current UGSP Scholars must also make use of OITE career developmental resources and participate in OITE/UGSP sponsored activities, seminars and workshops. They must also show willingness contribute to the UGSP community.

#### 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 Undergraduate Scholarship Program (UGSP) administrators; partial applications are **not** accessible. 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 complete applications is **Monday, July 29, 2019** (11:59 p.m., Eastern Daylight 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 reference is accurate. Incorrect email addresses will delay the processing of your renewal application and could result in no scholarship funding.
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. Complete your application as early as possible and ensure that your references submit their letters promptly using our online system.
6. Letter of recommendation is due no later than Monday, August 5, 2019, at 11:59 pm EDT. We will not accept letters after that time.

● Indicates a required field.

### 1. Minimally Required

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

Name:     ●  
Prefix First MI Last

Email Address:  ●

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

### 2. 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:  ●

### 3. Academic Information

#### Bachelors Degree College or University

YEAR AT 4-YEAR PROGRAM:  ●

College/University Name:  ●

**Start Date:**

Month:  Year:  ●

**Anticipated Graduation Date:**

Month:  Year:  ●

Major Field of Study:  ●

Current Cumulative GPA:  ●

GPA Scale (Maximum Value):  ●

Fall Schedule of Courses:

#### 4. UGSP Renewal Essay Questions

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

**What benefits have you received from the UGSP in the past year, other than financial support? (Up to 6000 characters)**

**What benefits have you received by participating in the Summer Internship Program, other than financial support? (Up to 6000 characters)**

**How has being a UGSP Scholar impacted your decisions about your career choices? (Up to 6000 characters)**

**How did you assess your own progress this academic year? (Up to 6000 characters)**

**What are your goals for the next academic year? (Up to 6000 characters)**

**If your Grade Point Average (GPA) is lower than 3.3 (or class rank not within top 5%), please address the following:**

- The extenuating circumstances that caused you to fall below the required academic standing for the UGSP.
- Your action plan for improving your academic status.

(Up to 6000 characters)

## 5. References

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](#).

Once you submit your completed application, an email request for a letter of recommendation will automatically be sent to each of the following individuals:

### Reference 1:

Name:

Prefix First Last

Email:   Format: user@server.com

Waive Access:  Yes  No 

### 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

[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 45 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.

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