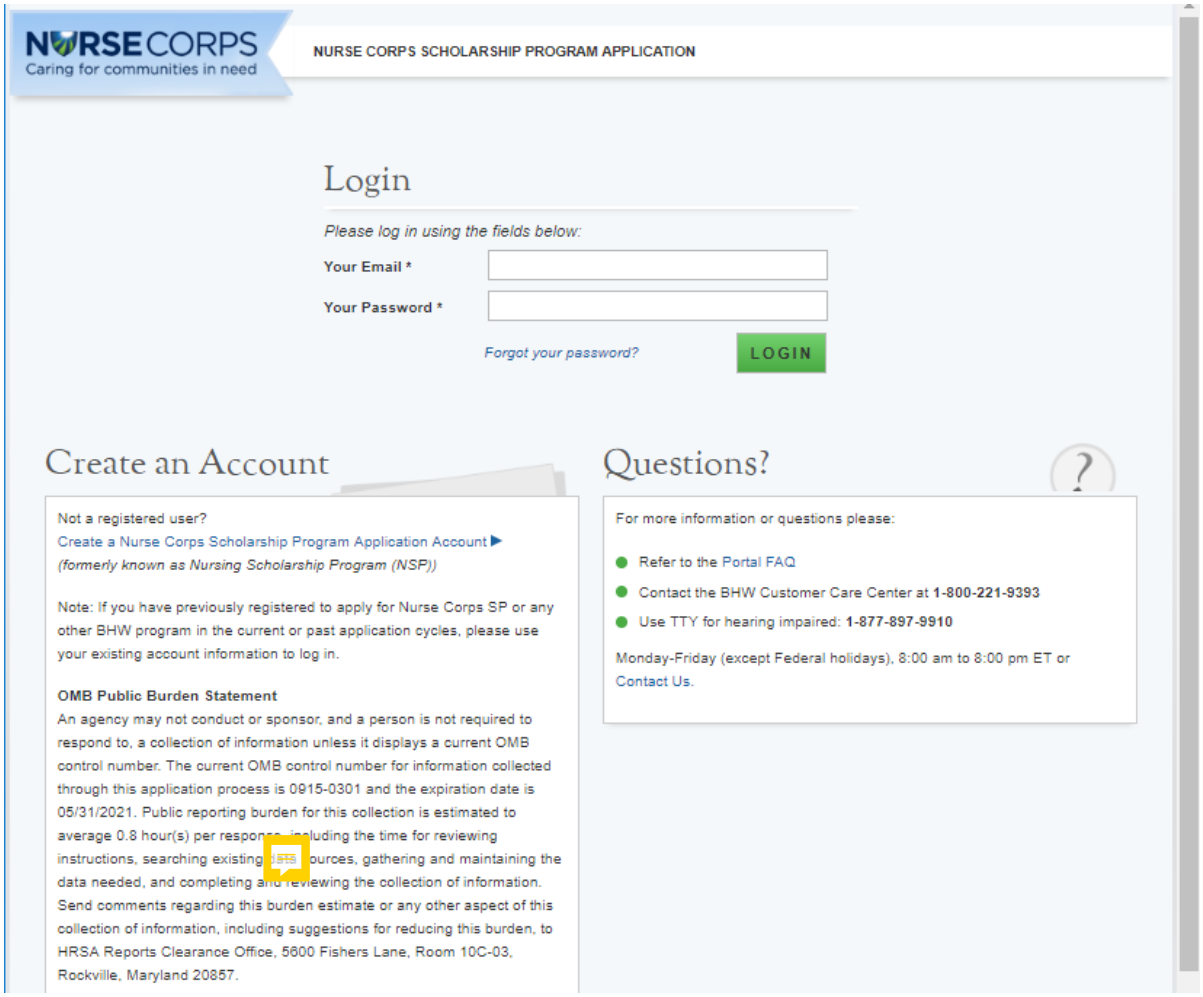
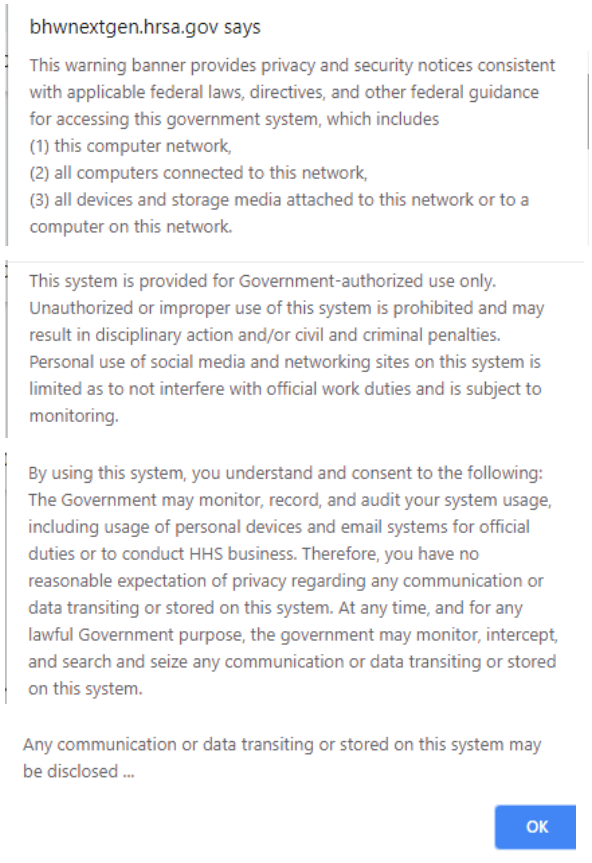
Distribution Note – This application is an example. Some information in this example such as Dates (i.e. deadlines) may not reflect the actual information in the 2020 application when it opens. Some header or footer information may be cropped to display entire section. This is for reference only and not an official user-guide





NURSE CORPS
Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Login

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 **2019 Nurse Corps Scholarship Program Application and Program Guidance (APG)**, 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

Welcome to the BHW portal

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

Inbox 12
Starred
Snoozed
Sent
Drafts
More

Cindy

No recent chats
Start a new one

Activate Your Application Account

Inbox ×

bmiss@voosh.de <bmiss@voosh... 11:44 AM (0 minutes ago)
to me

Dear Applicant,

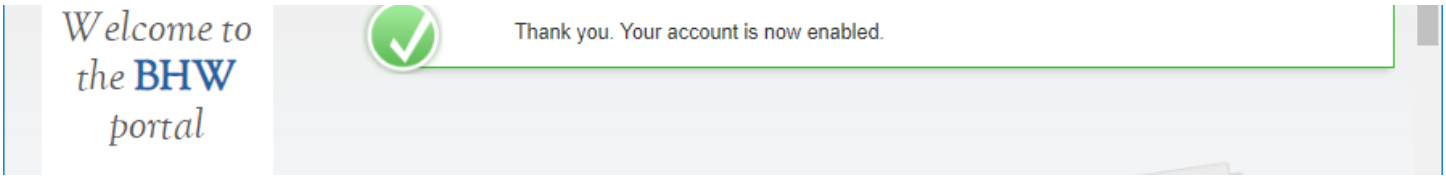
Thank you for registering an account with the Health Resources and Services Administration's Bureau of Health Workforce.

Please use the link below to activate your account:
http://hrsangenapp1trn.nih.gov:8580/extranet/generic/public/unlock.seam?c=oyapivodiconalisezinu

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



Application welcome page. The appliant will only see this page the first time they log in and start the application.

Welcome page continued on the next page

Welcome Page continued

The online application is composed of ten 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 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:

1. Assurances
2. Eligibility
3. Application Information
4. General Information
5. Background Information
6. Degree Information
7. Letters of Recommendation
8. Supporting Documents
9. Self-Certification
10. 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 20, 2019 at 12:00 AM** EDT. Remember to log into the Nurse Corps Scholarship Program online application to check the status of your application!

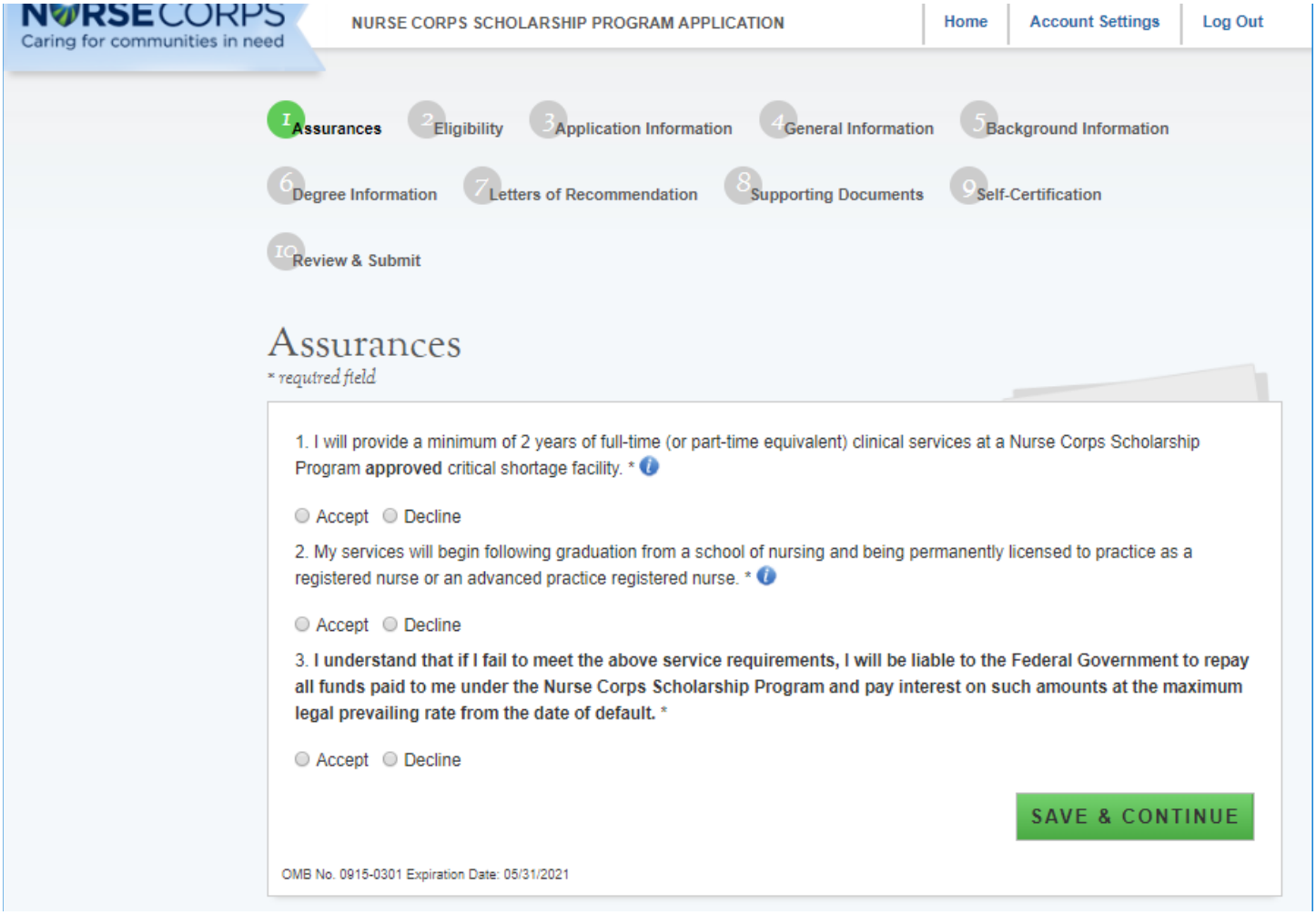
PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

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 05/31/2021. The public reporting burden for this collection is estimated to average 0.8 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.

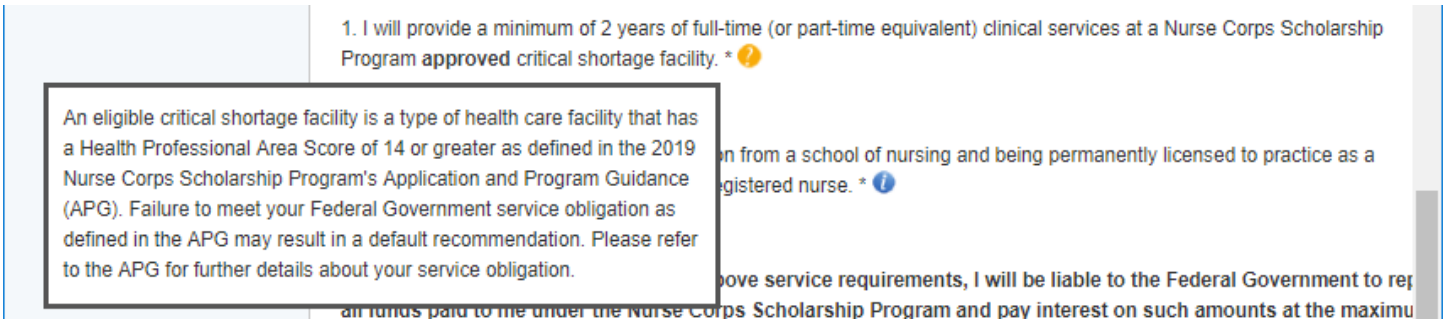
START MY APPLICATION

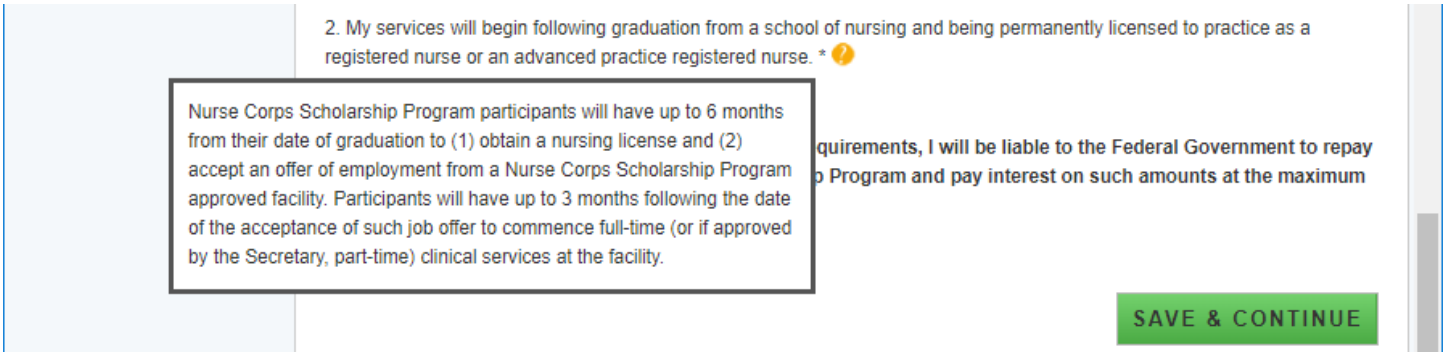
OMB No. 0915-0301 Expiration Date: 05/31/2021

Section 1 - Assurances



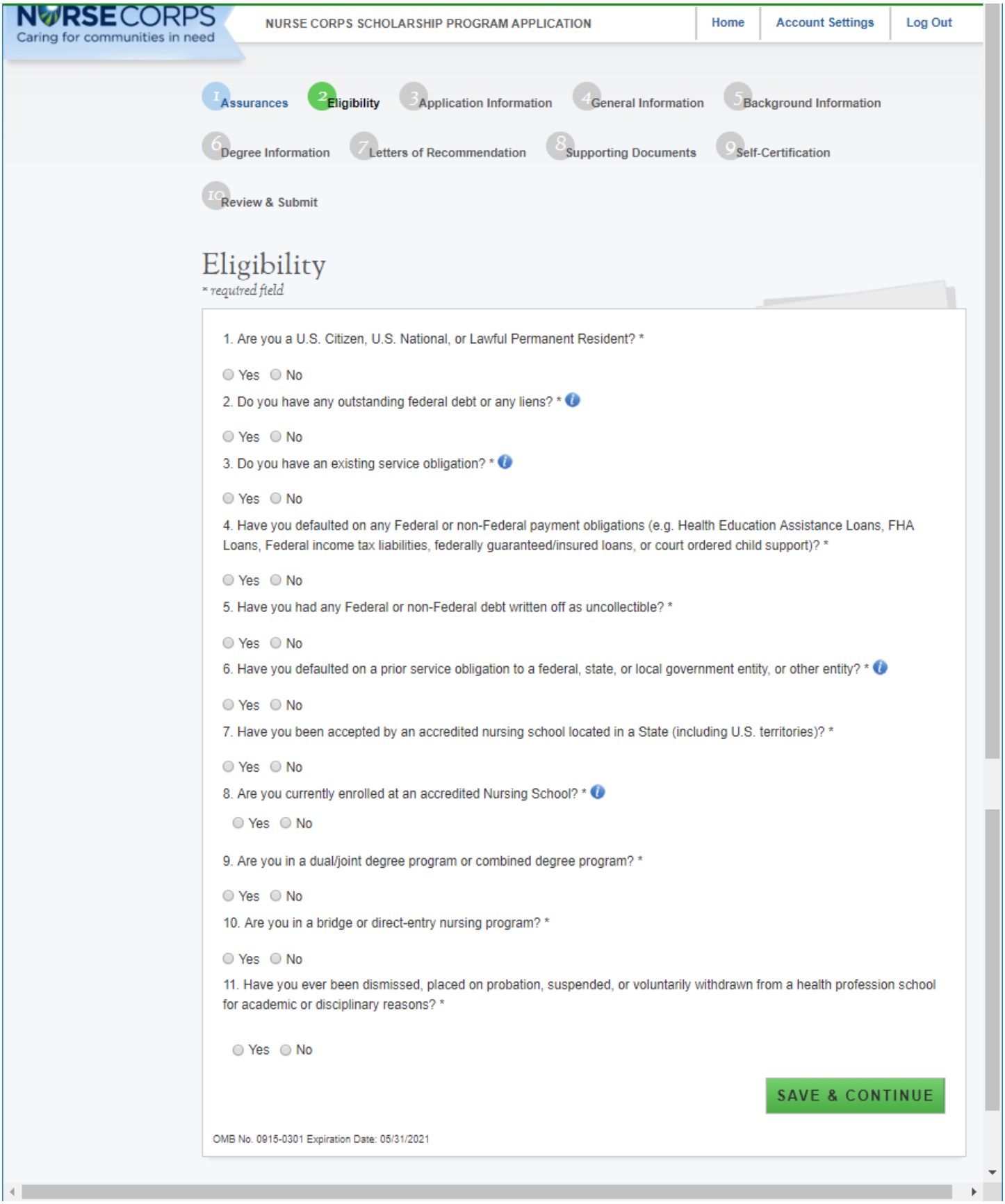
Section 1 – Tool Tips



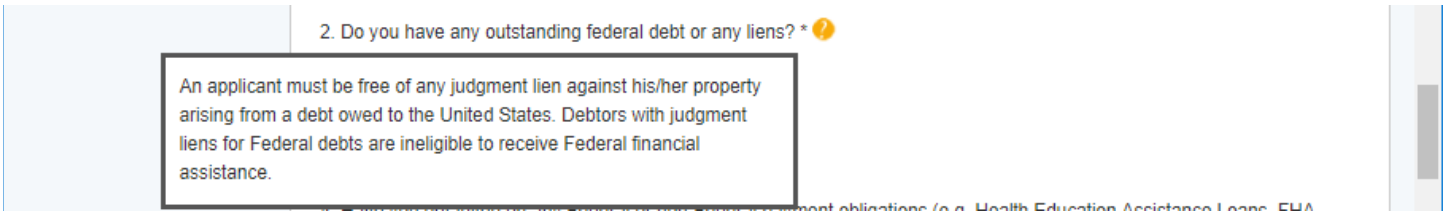


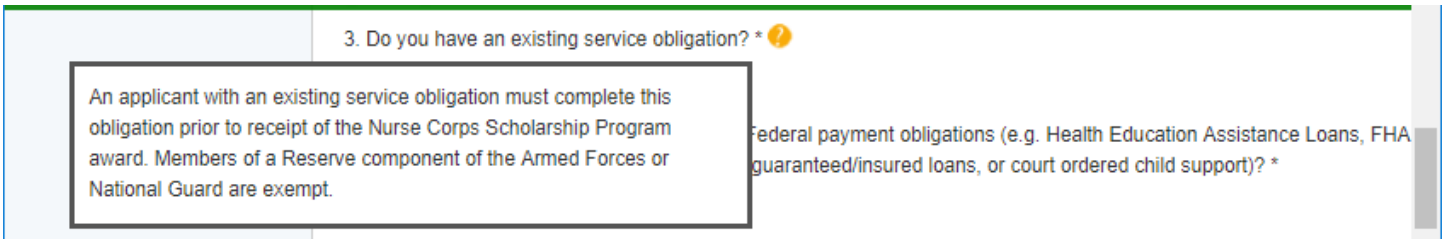
If an applicant is deemed ineligible for responses they submitted in the Assurance or Eligibility section, they will receive this message

Section 2 - Eligibility

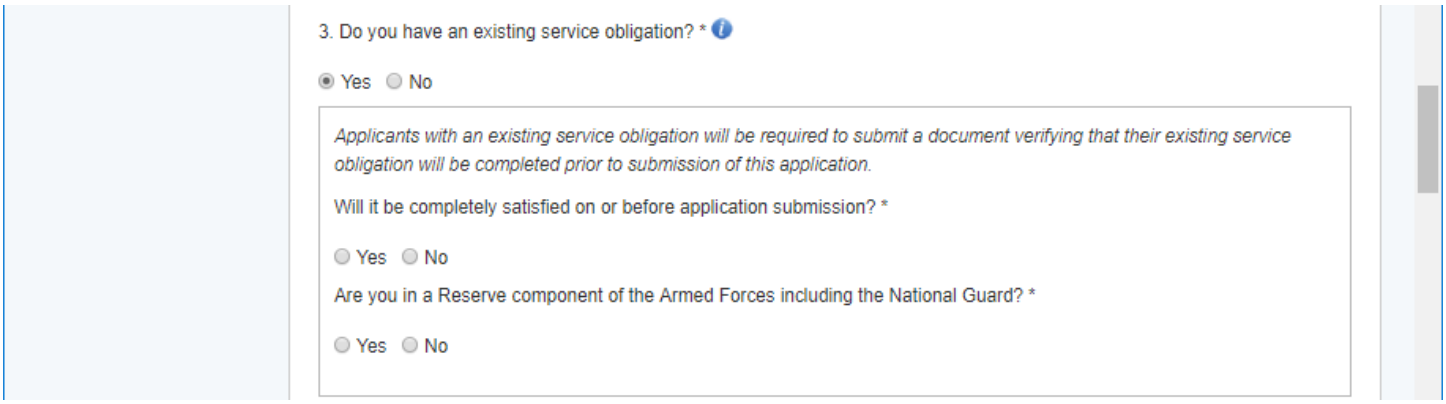


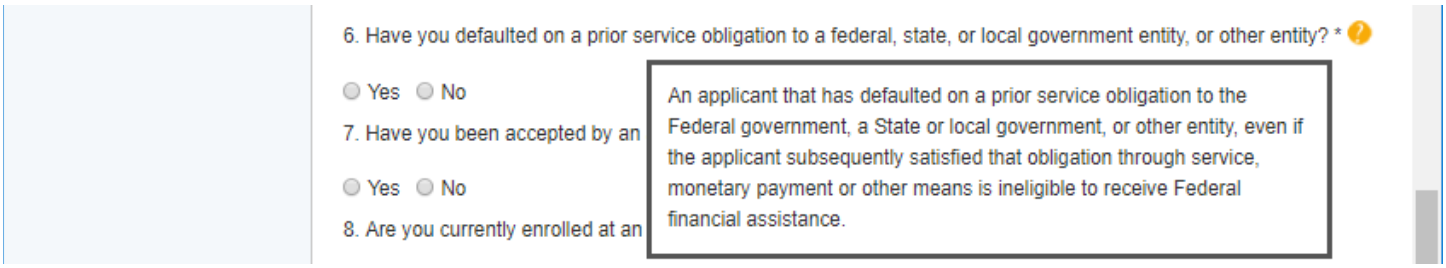
Section 2 – Eligibility Tool Tips & Drop Downs



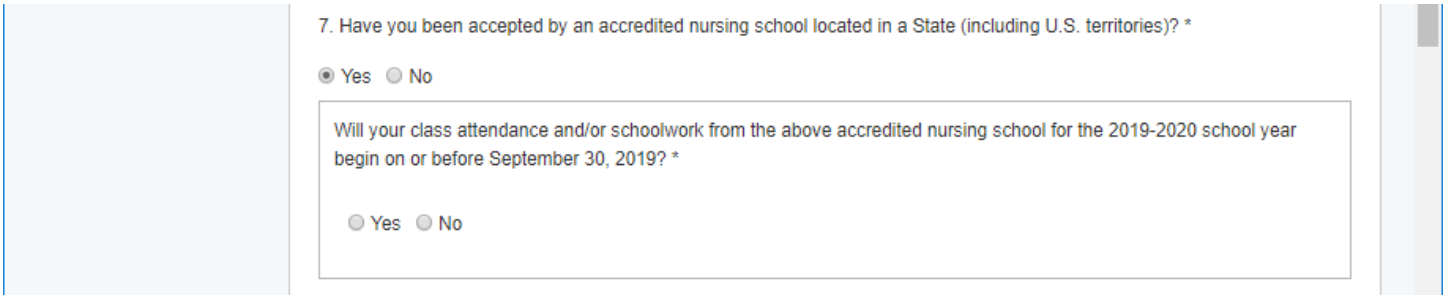


If an applicant has an existing service obligation, additional questions will generate

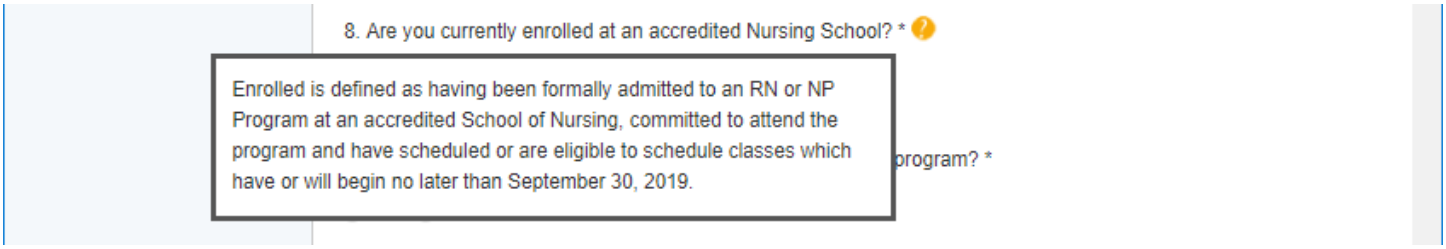




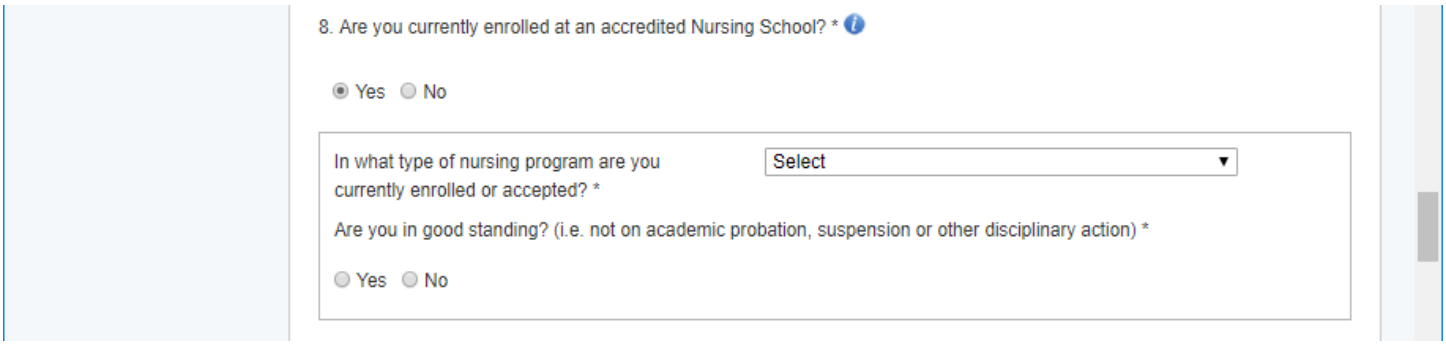
If an applicant responds yes to Question #7 an additional question will generate

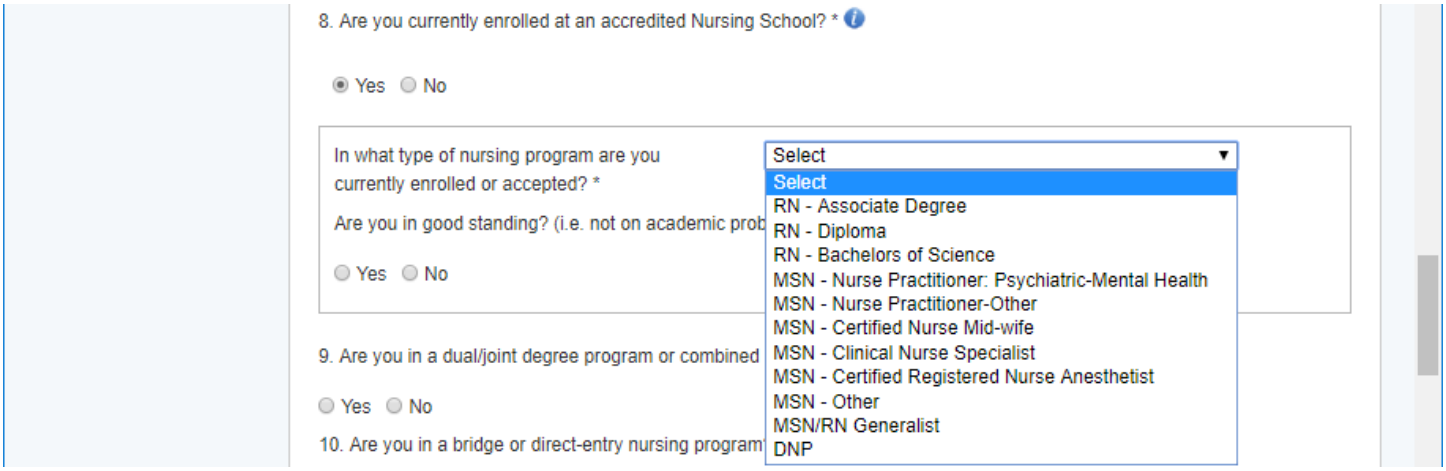


Section 2 – Eligibility - Tool Tips & Drop Downs continued

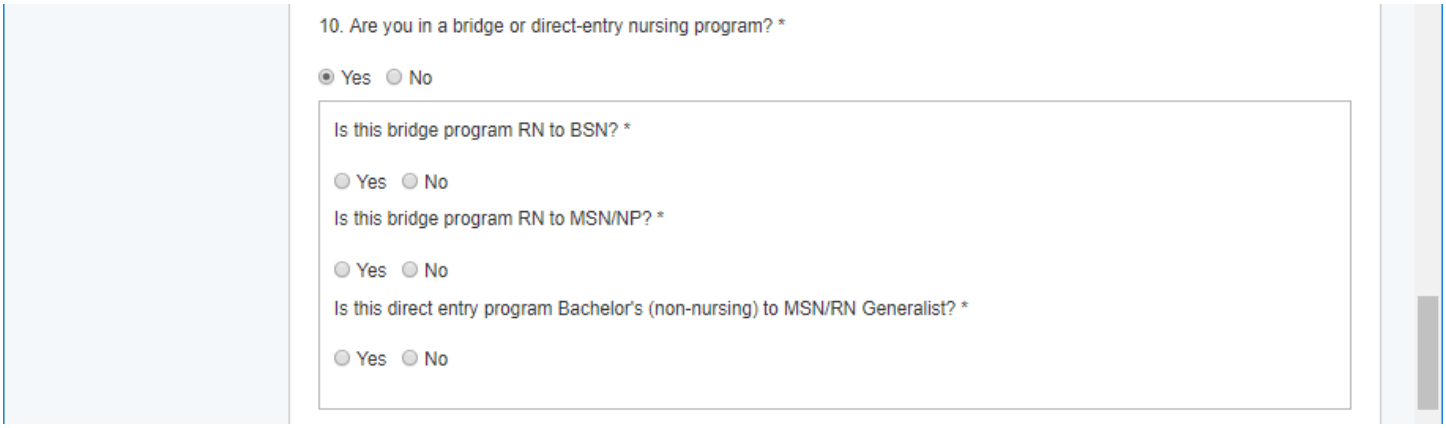


If an applicant responds yes to Question #8 an additional question will generate

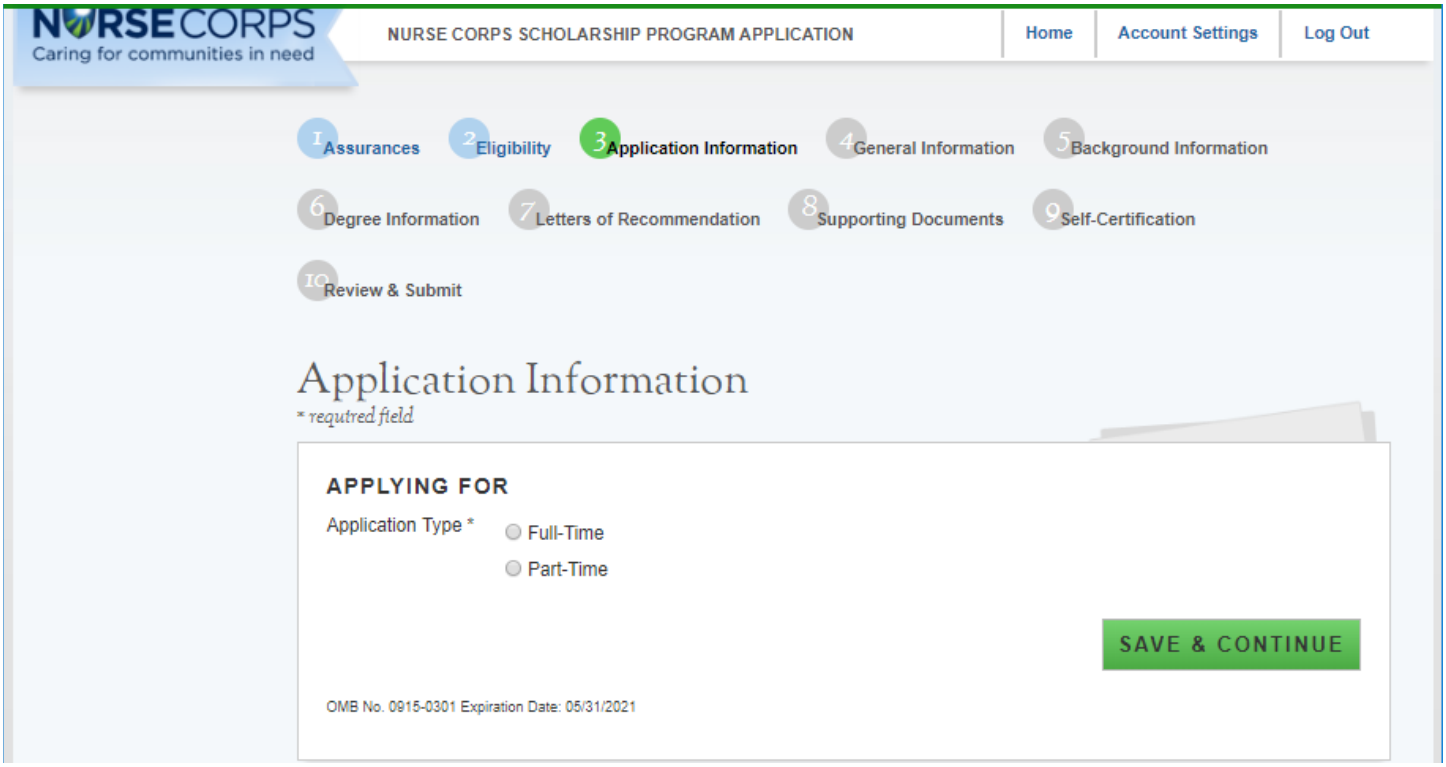




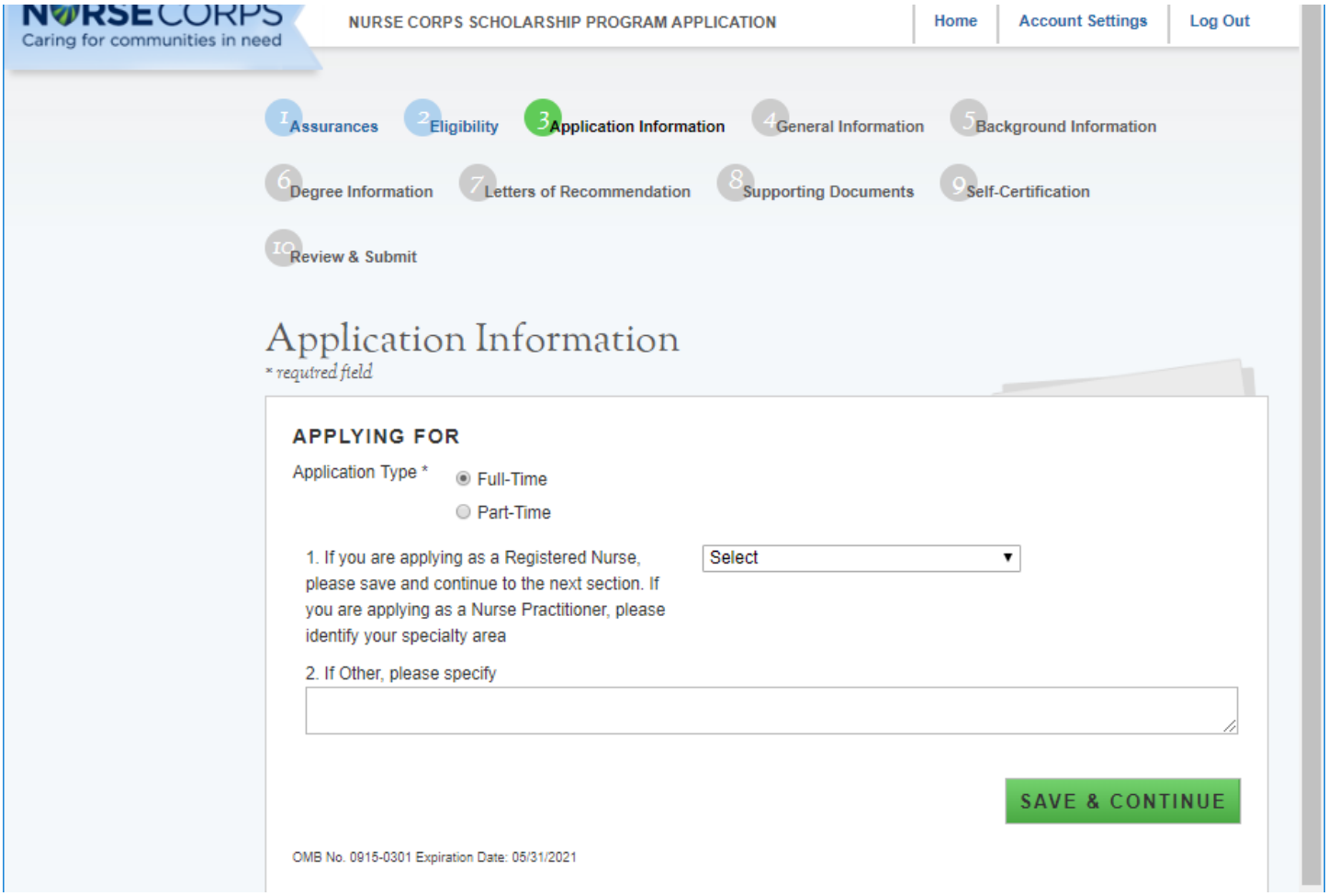
If an applicant responds yes to Question #10 additional questions will generate



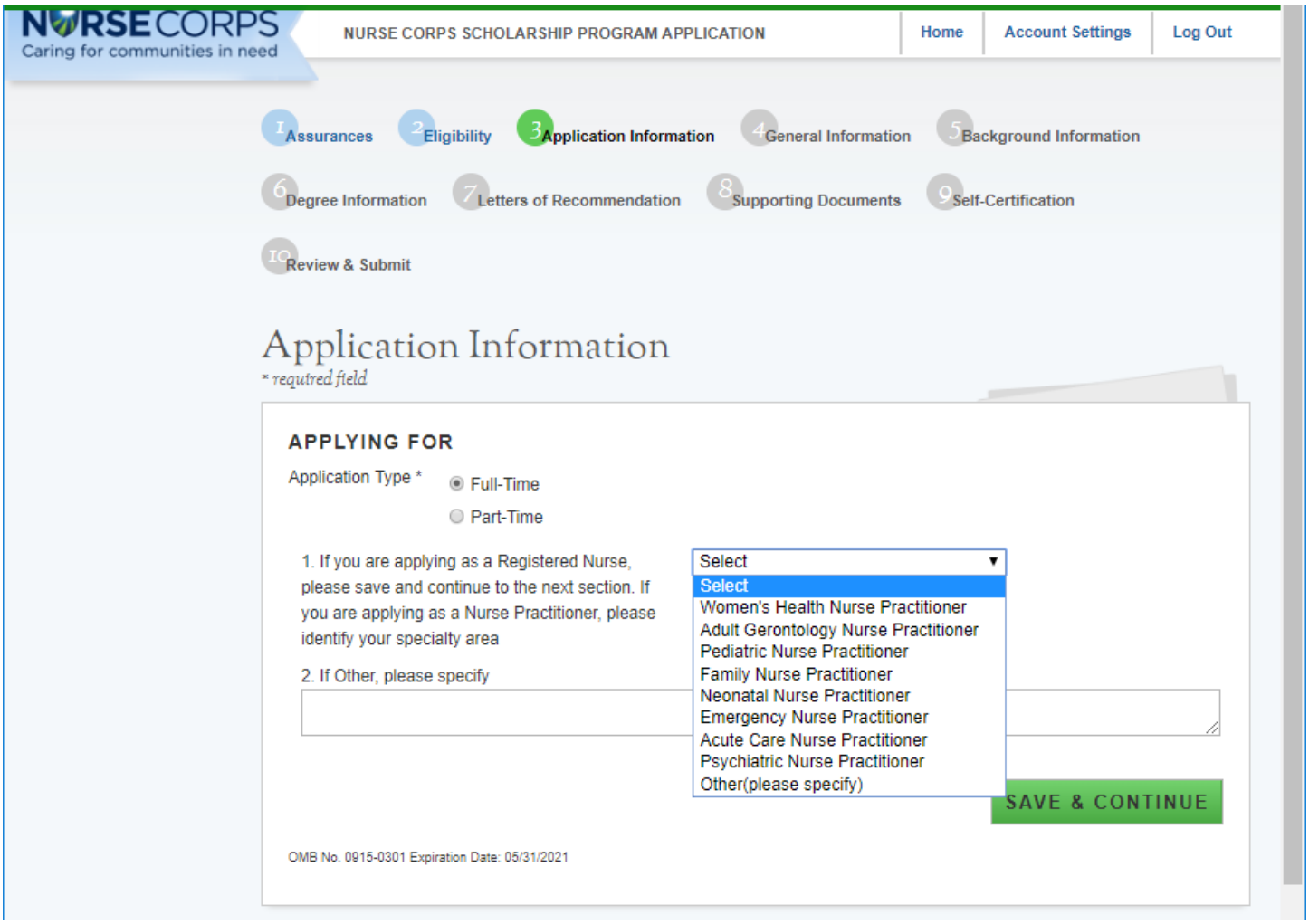
Section 3 – Application Information



After applicant selects the Application Type, an additional question generates



Section 3 – Application Information continued – Drop down



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

General Information

* required field

FULL NAME

First Name * Cindy

Last Name * Smith

Middle Initial

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

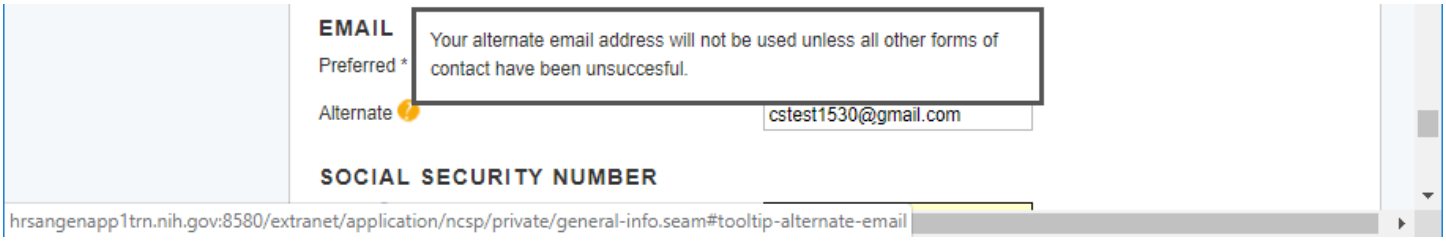
SSN *

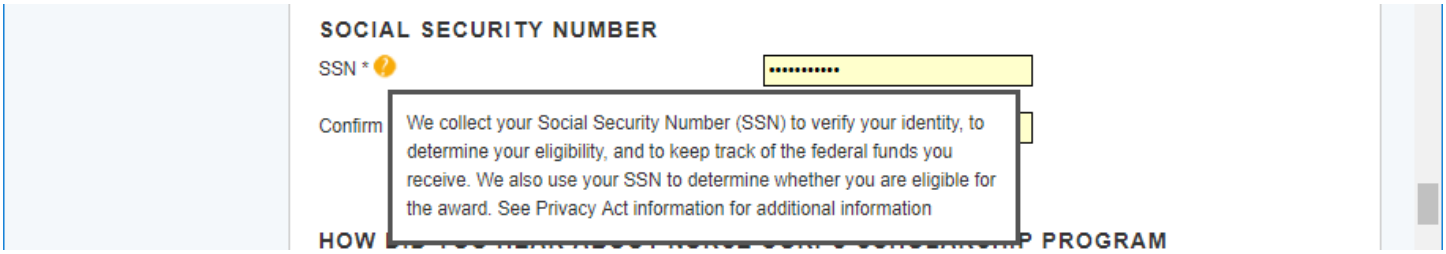
Confirm SSN *

HOW DID YOU HEAR ABOUT NURSE CORPS SCHOLARSHIP PROGRAM

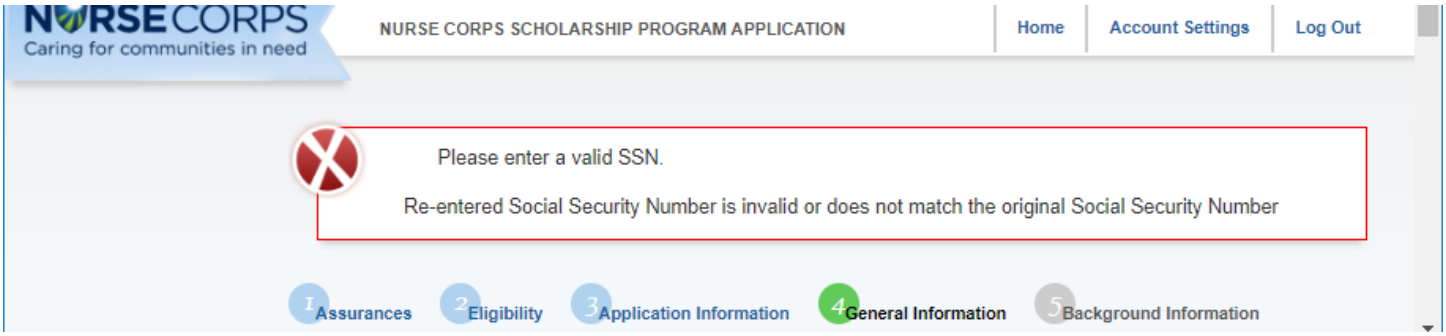
How did you hear about the Nurse Corps SP? * Select

SAVE & CONTINUE

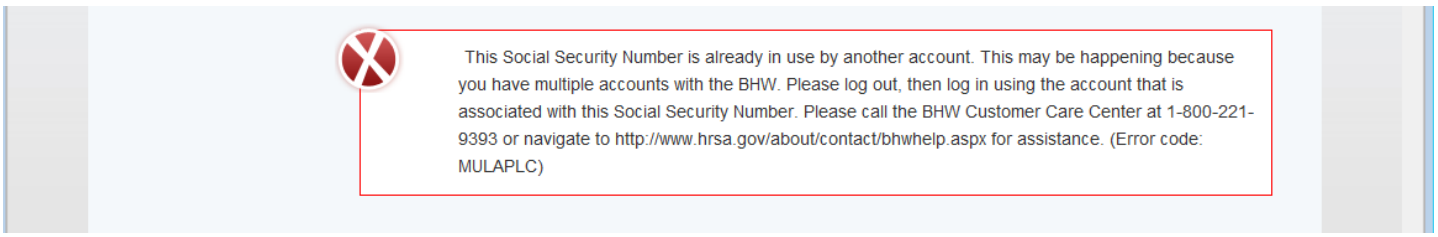




Error message if the applicant has not entered a matching SSN in both fields



Error message if the SSN is already on record with another account. This usually means that the applicant has another portal account with a different email address.



Caring for communities in need

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

6 Degree Information 7 Letters of Recommendation 8 Supporting Documents 9 Self-Certification

10 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
You may multi-select different race values.
- American Indian or Alaskan Native
- Asian
- 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

Section 6 – Degree Information

6 Degree Information | 7 Letters of Recommendation | 8 Supporting Documents | 9 Self-Certification | 10 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 * Select

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

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 9/30/2019, in what year of your nursing program will you be enrolled? Select

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 (2019-2020)	2 Years Full-Time
Up to 2 Full-Time School Years (2019-2021)	2 Years Full-Time
Up to 3 Full-Time School Years (2019-2022)	3 Years Full-Time
Up to 4 Full-Time School Years (2019-2023)	4 Years Full-Time

GPA

This is a non-standard GPA

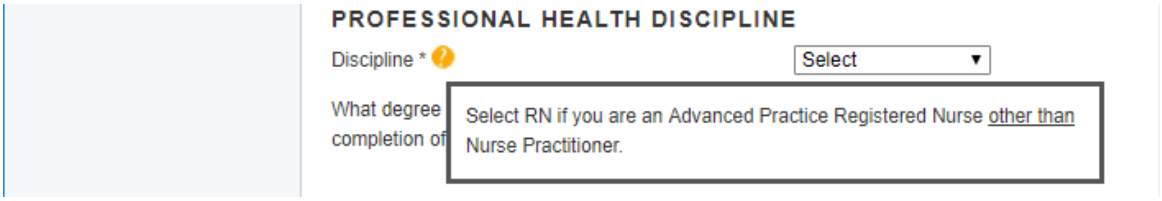
GPA

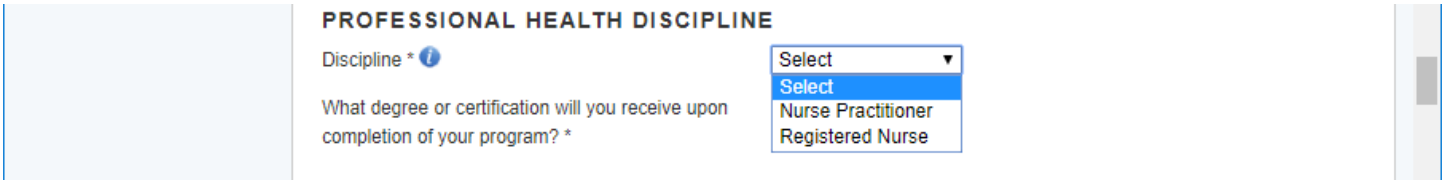
EXPECTED FAMILY CONTRIBUTION

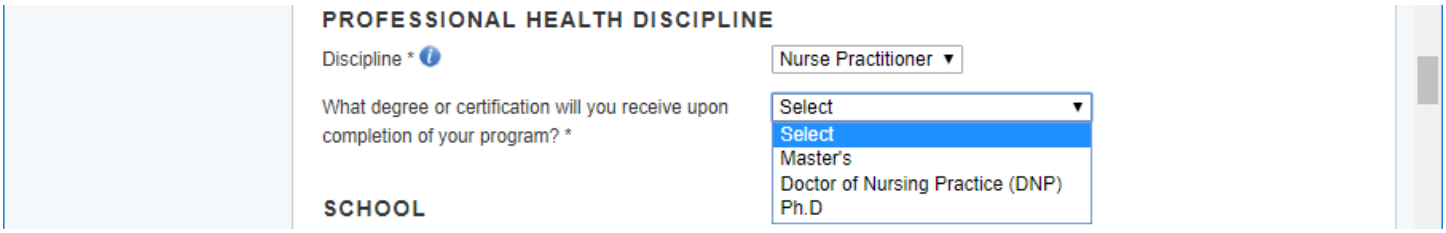
Enter your Expected Family Contribution (EFC) as indicated on your Complete Official Student Aid Report $

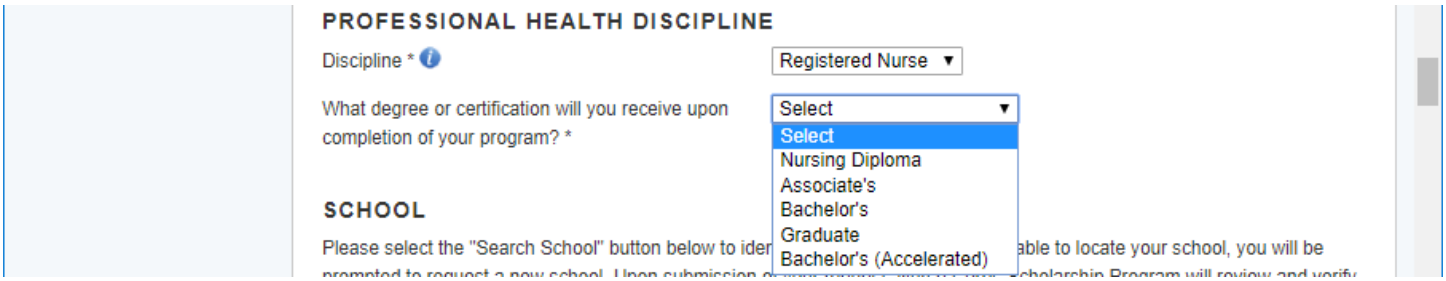
SAVE & CONTINUE

Section 6 – Degree Information – Tool Tips and Drop Downs

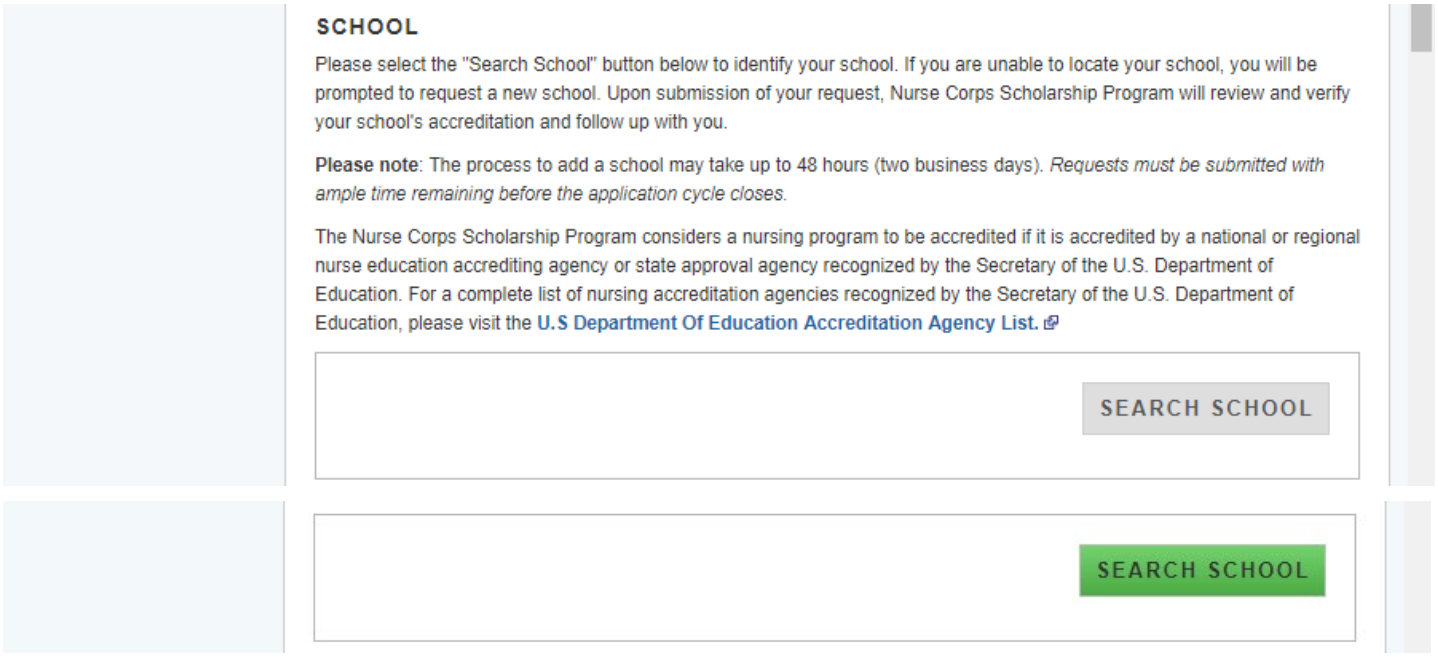


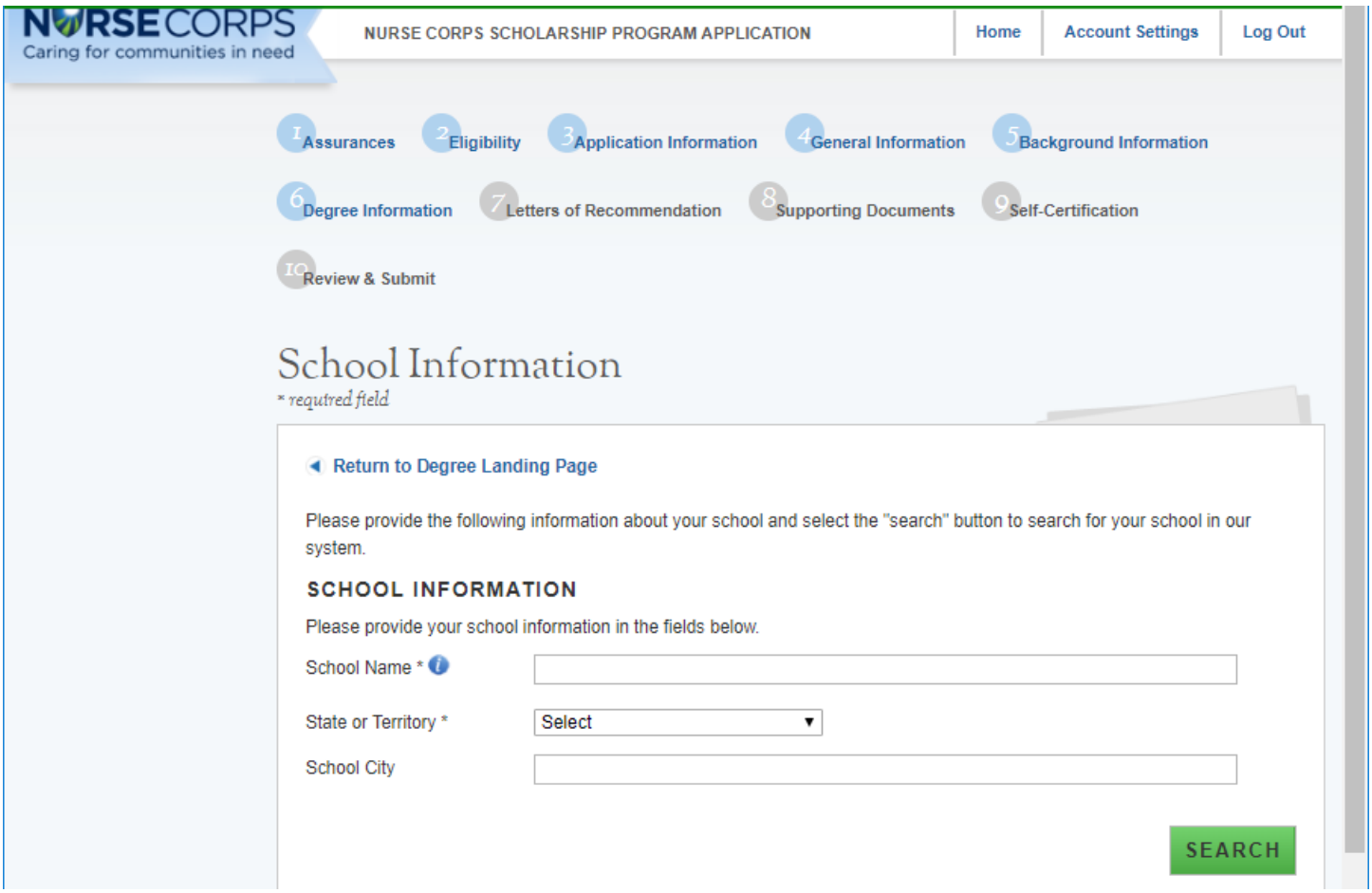


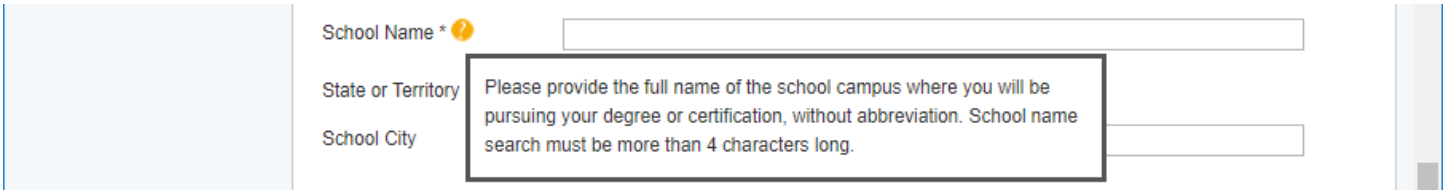




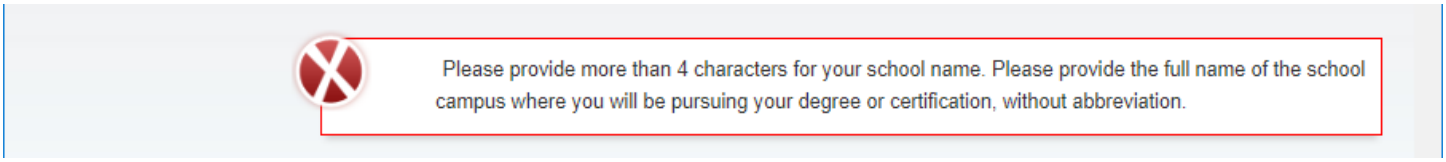
Search school button is not active until Discipline and Degree have been selected



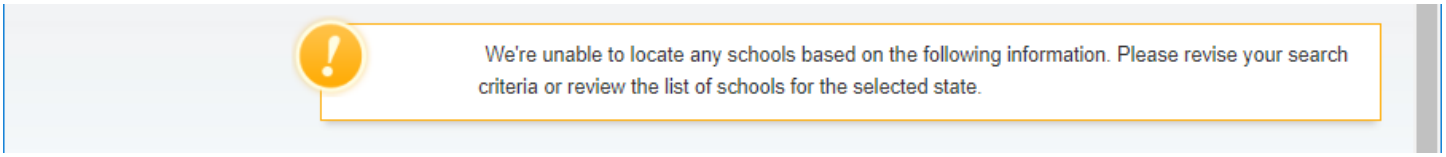




Alert if Applicant submits less than 4 letters for a school name



Notification if an exact school match is not found



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 in Birmingham

State or Territory * Alabama

School City

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

	School Name	Address	City	State
Select	AUBURN UNIV SCH OF VET MED	AUBURN UNIV-VET MED 214 MARY MARTIN HALL	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 OF NURSING		MONTGOMERY	AL
Select	BEVILL STATE COMMUNITY COLLEGE - JASPER	1411 INDIANA AVENUE	JASPER	AL
Select	BISHOP STATE COMMUNITY COLLEGE	351 NORTH BROAD STREET	MOBILE	AL

Select	LAWSON STATE COMMUNITY COLLEGE - BIRMINGHAM	3060 WILSON ROAD	BIRMINGHAM	AL
Select	LURLEEN B. WALLACE COMMUNITY COLLEGE		OPP	AL
Select	NORTHEAST ALABAMA COMMUNITY COLLEGE	PO BOX 159 138 HIGHWAY 35 WEST	RAINSVILLE	AL
Select	NORTHWEST-SHOALS COMMUNITY COLLEGE	2080 COLLEGE ROAD	PHIL CAMPBELL	AL

1 2 3

Click here if your school is not listed in the above search results to request a new school.

NURSE CORPS
Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION | Home | Account Settings | Log Out

1 Assurances 2 Eligibility 3 Application Information 4 General Information 5 Background Information
6 Degree Information 7 Letters of Recommendation 8 Supporting Documents 9 Self-Certification
10 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 in Birmingham

School Address

Address Line 1 *

Address Line 2

City *

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 Doctor of Nursing Practice (DNP)

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

NURSE CORPS
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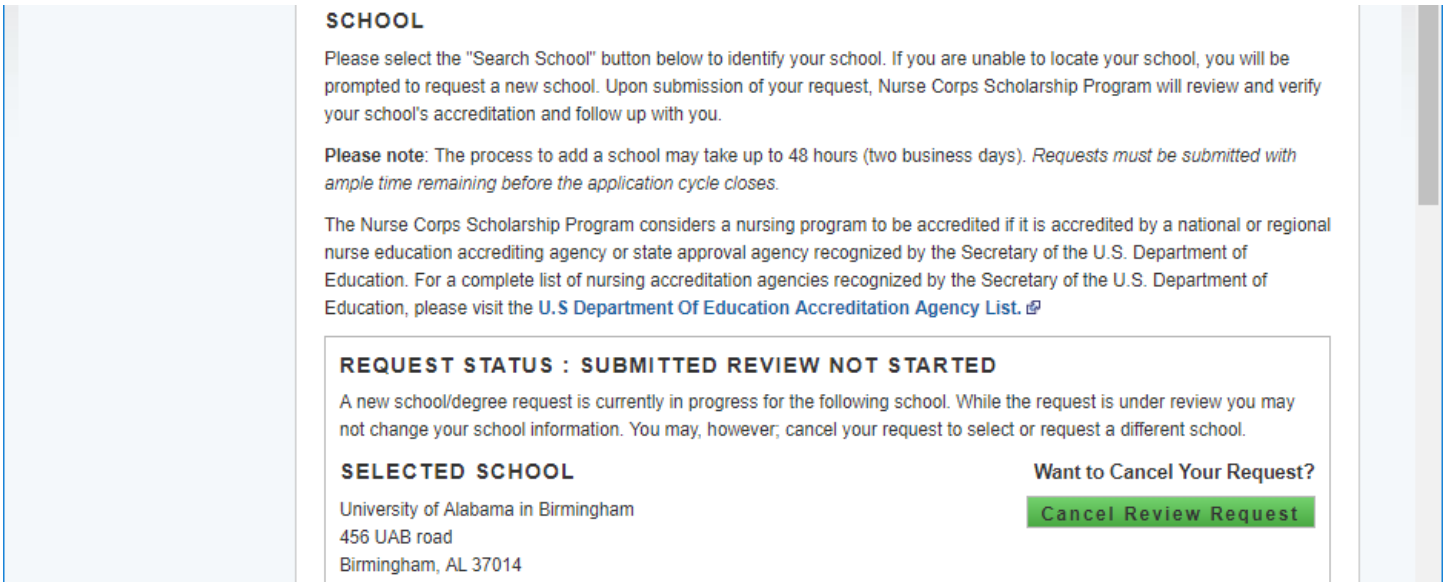
NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION | Home | Account Settings | Log Out

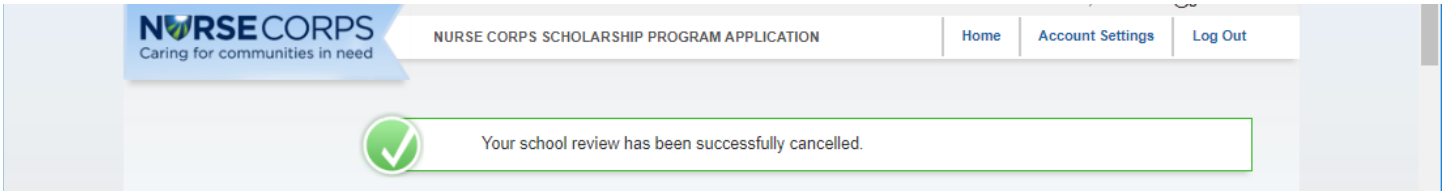
You have submitted a school not found request successfully.

Section 6 - Requesting New School or Degree continued

Selected School and request status will populate in the School Section of this page



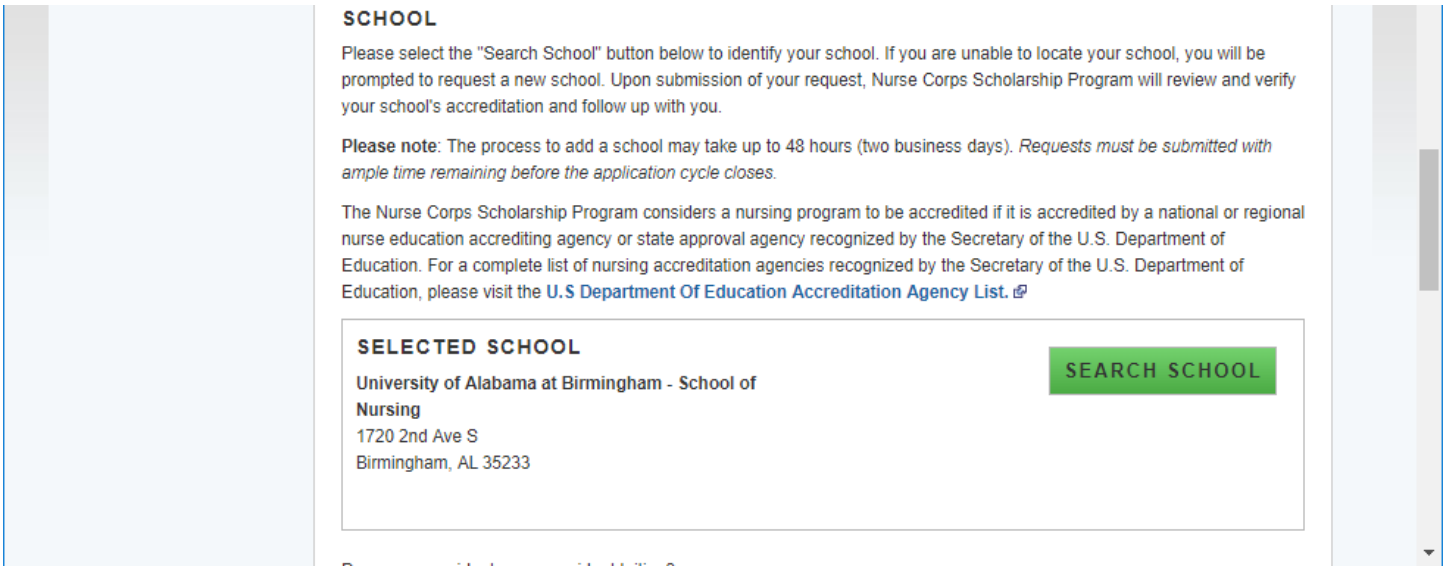
Message when an applicant chooses to cancel a school request



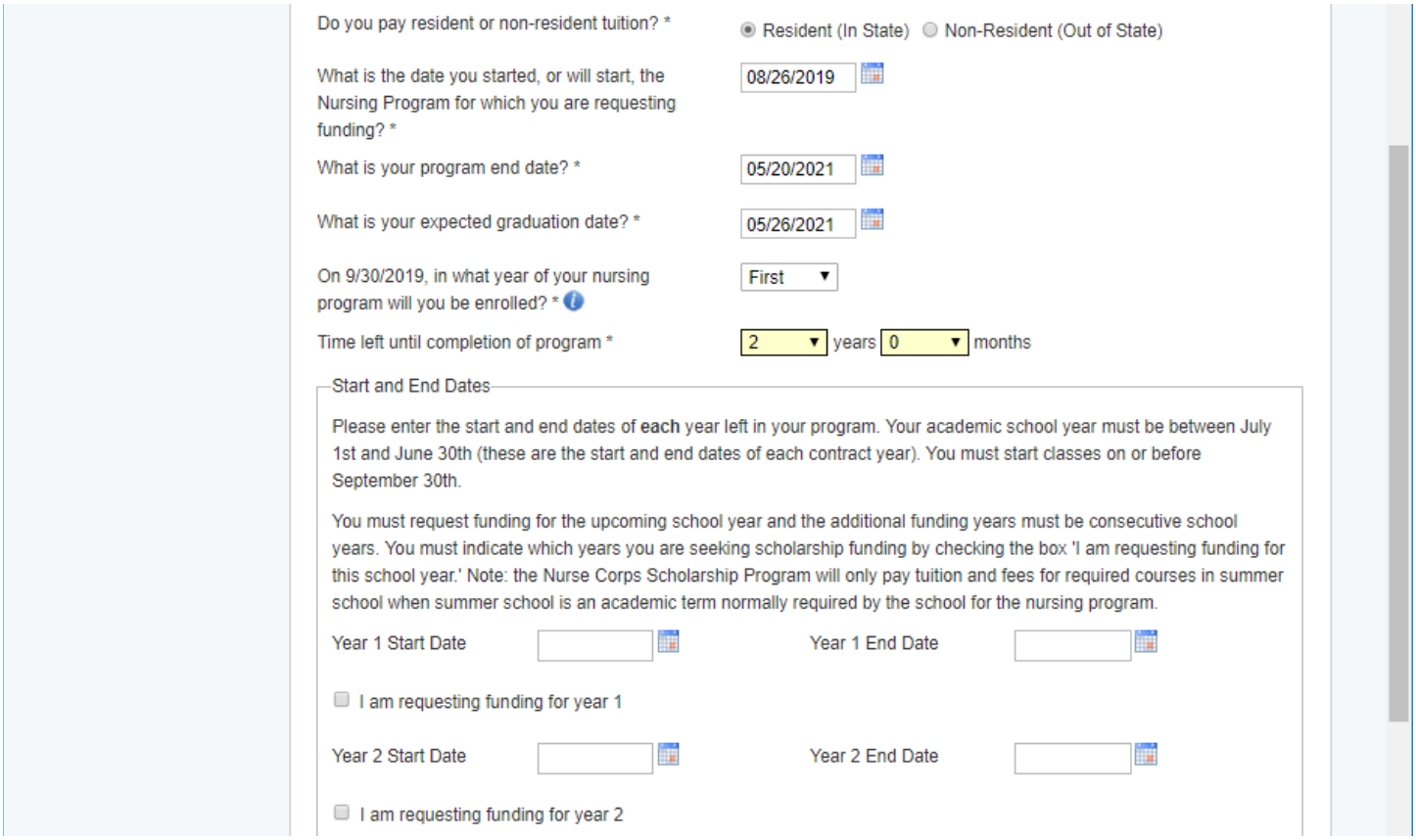
Applicant will receive an email when school/degree request is approved or denied

Distribution Section 6 – Degree Information continued

School Section with approved school selected or school has been approved

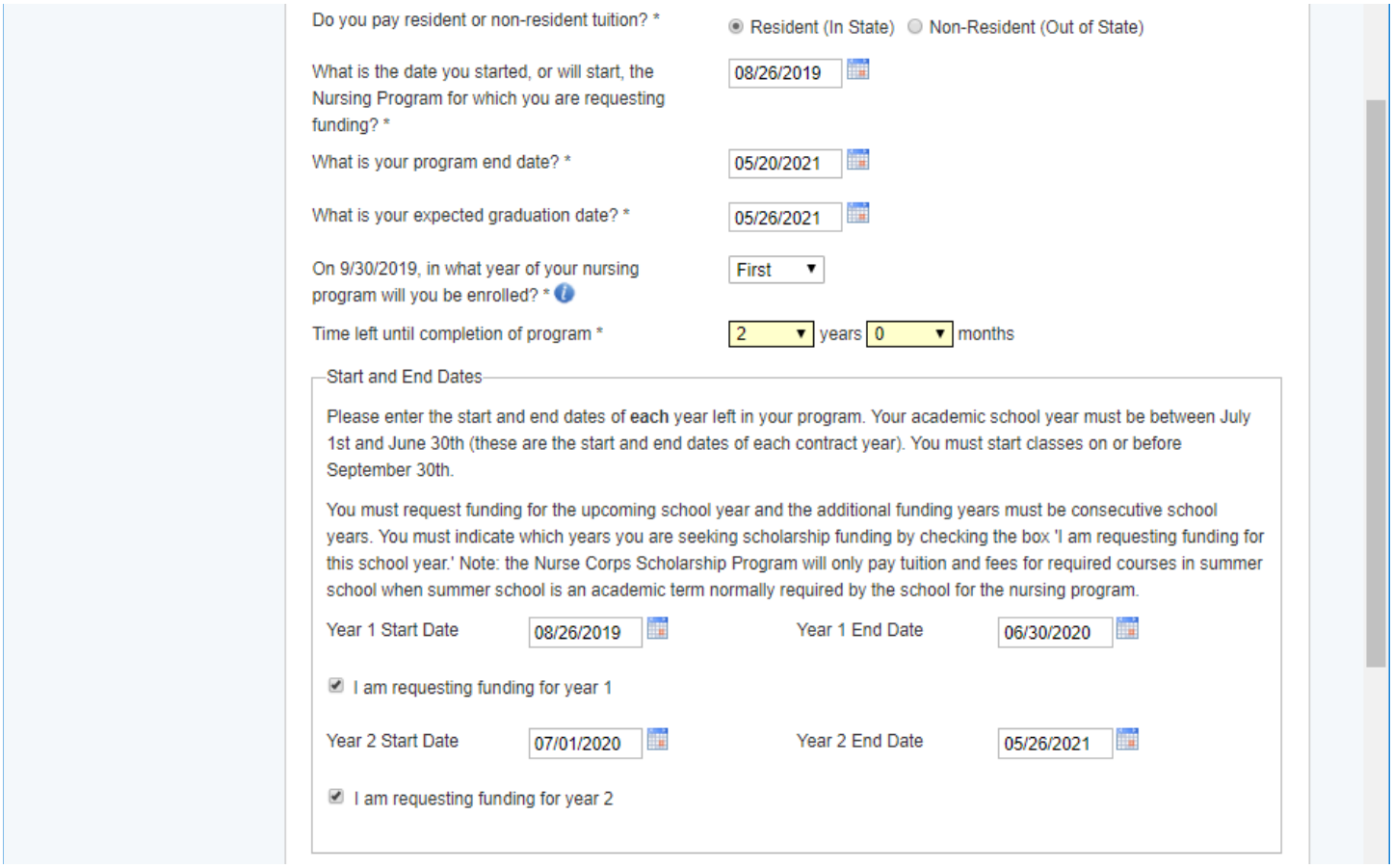


Start and end date section will appear when program section of the application is completed.



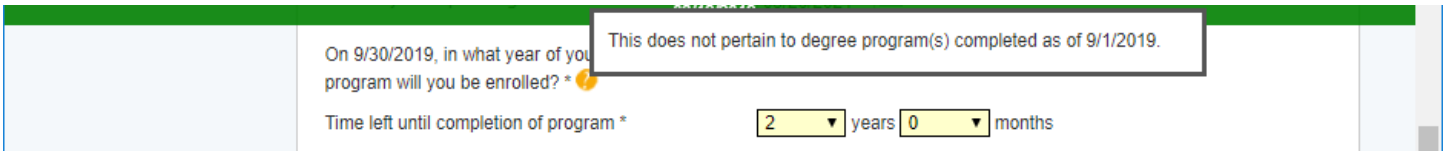
Section 6 - Degree Information continued

Section with program information fields completed

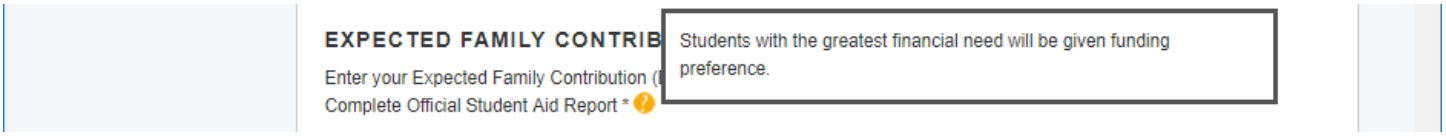


Section 6 – Degree Information – Tool Tips

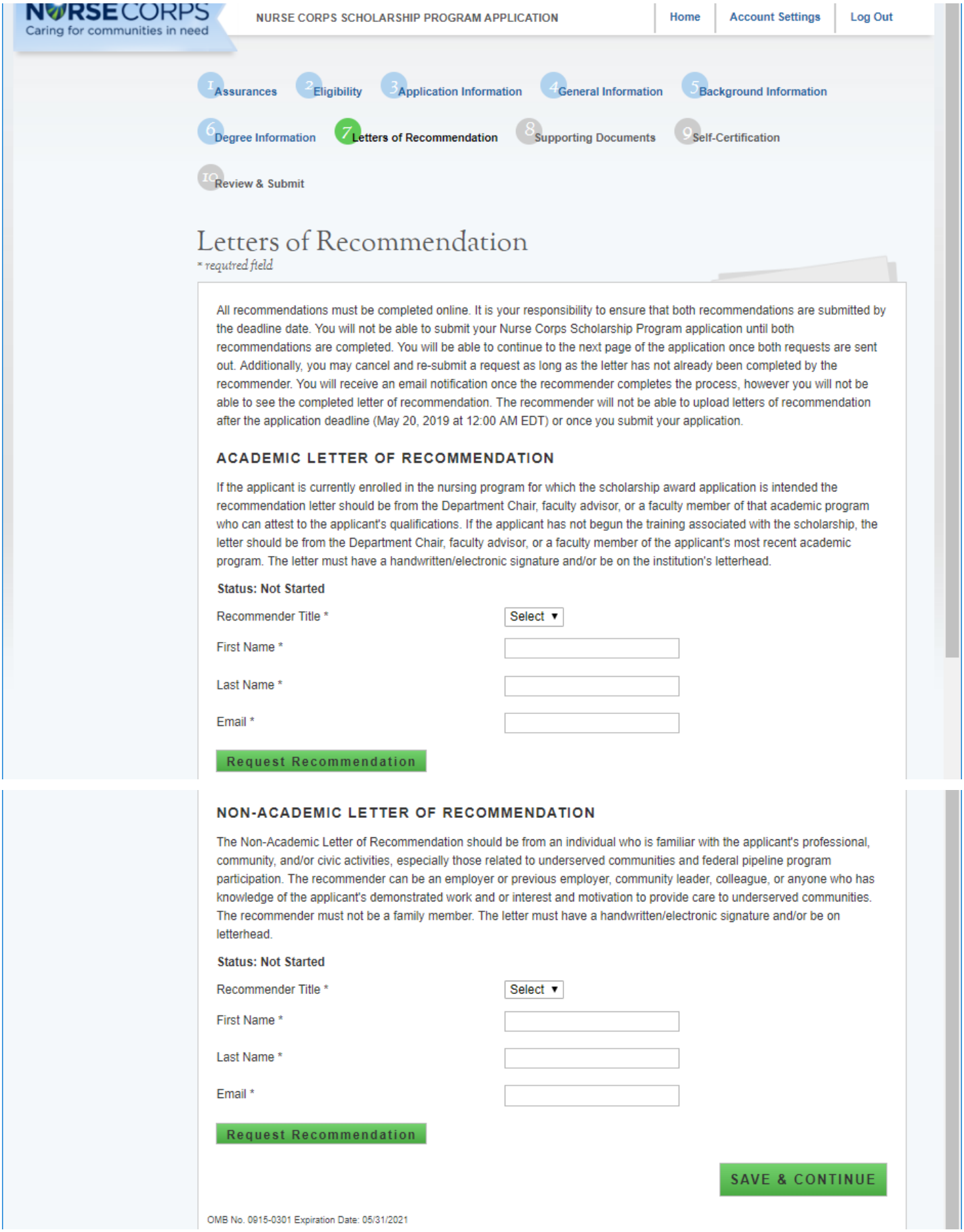
Year of Program as of 9/30/19



Expected Family Contribution

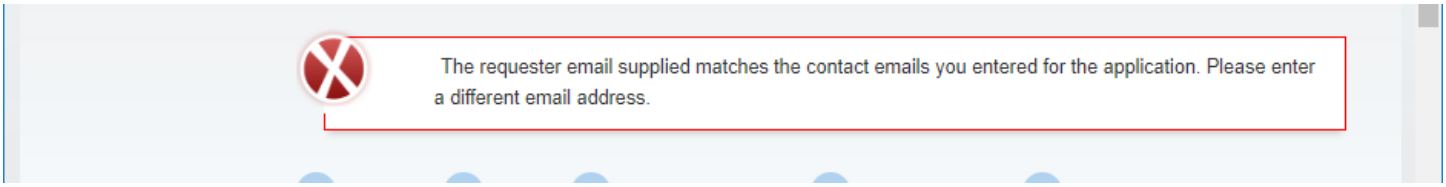


Section 7 – Letters of Recommendation

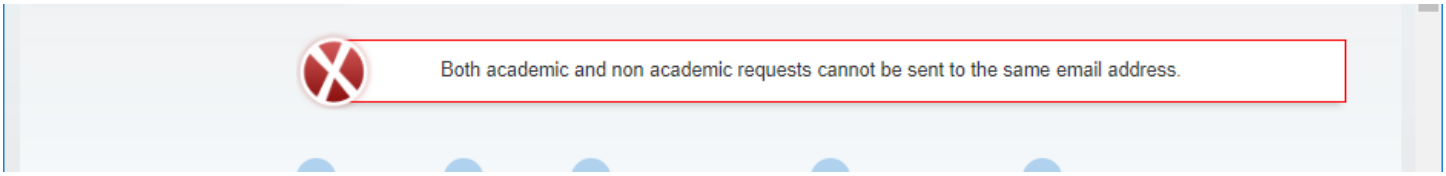


Distribution Section 7 – Letters of Recommendation

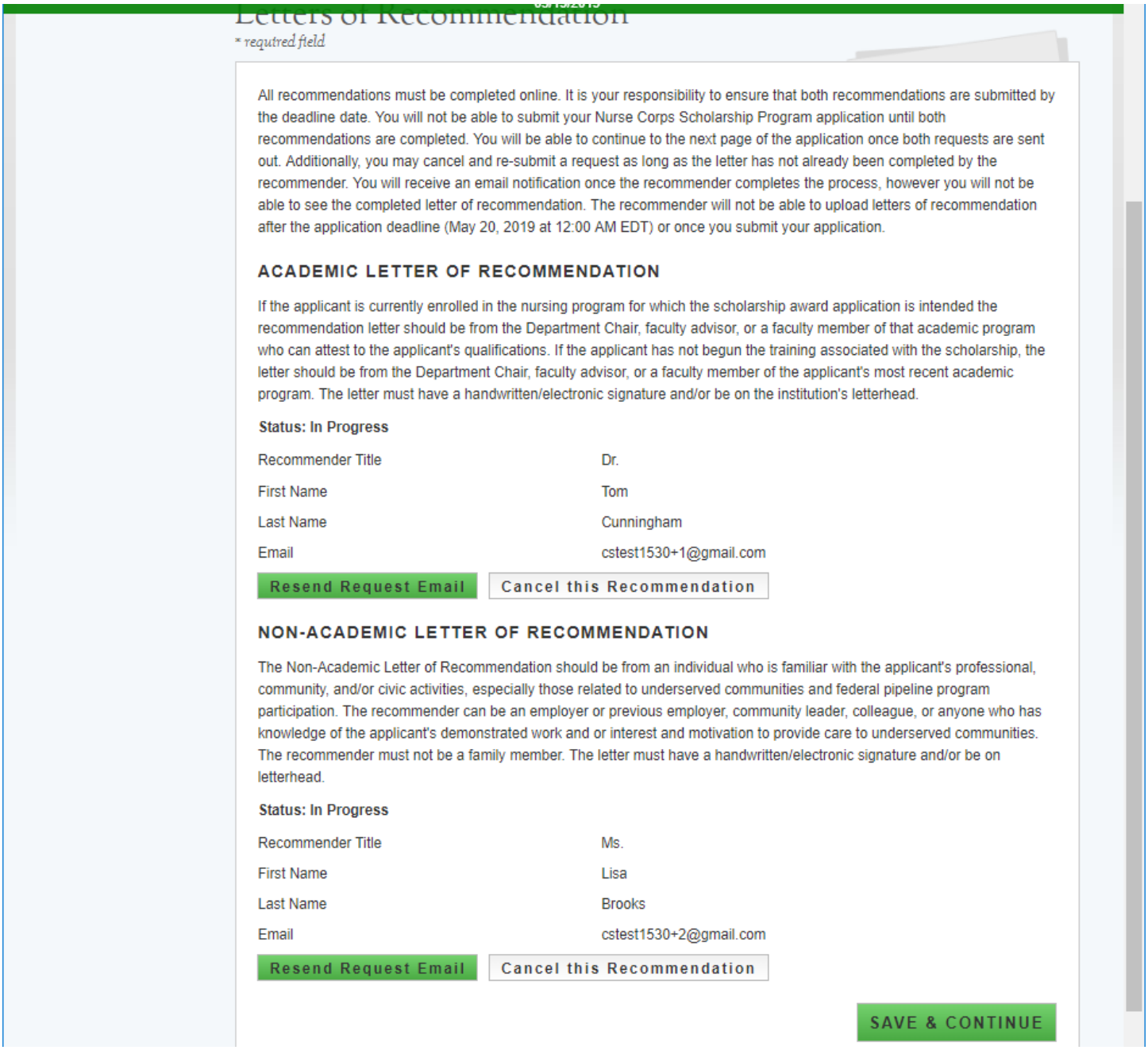
Message if the user submits their own email address for a recommender



Message if the applicant tries to submit the same email address for both recommenders



Recommender Section completed – Applicants have the option to Resend or Cancel request



Section 7 – Letters of Recommendation continued

Emails will be sent to both recommenders

Dear Dr. Bruce Cunningham,

Cindy Smith has requested that you complete a letter of recommendation for his/her scholarship application for the Health Resources and Services Administration (HRSA) Nurse Corps Scholarship Program (Nurse Corps SP).

In order to complete this recommendation, please select the following link:
http://hrsangenapp1trn.nih.gov:8580/extranet/application/ncsp/upload-letter.seam?requestId=4808691553703986023

•••

Once you have navigated to the letter of recommendation page, please confirm that all of the applicant and your information are correct. You will have the ability to upload the letter of recommendation. Please note that the applicant will be unable to submit their finalized application until your recommendation has been submitted.

The final submission date for the applicant is May 20, 2019 at 12:00 AM EDT.

If you experience any trouble with the link or this website please contact the Customer Care Center at 1-800-221-9393.

Sincerely,
Nurse Corps Scholarship Program

Dear Ms. Lisa Brooks,

Cindy Smith has requested that you complete a letter of recommendation for his/her scholarship application for the Health Resources and Services Administration (HRSA) Nurse Corps Scholarship Program (Nurse Corps SP).

In order to complete this recommendation, please select the following link:
http://hrsangenapp1trn.nih.gov:8580/extranet/application/ncsp/upload-letter.seam?requestId=4808691553704125734

Once you have navigated to the letter of recommendation page, please confirm that all of the applicant and your information are correct. You will have the ability to upload the letter of recommendation. Please note that the applicant will be unable to submit their finalized application until your recommendation has been submitted.

The final submission date for the applicant is May 20, 2019 at 12:00 AM EDT.

If you experience any trouble with the link or this website please contact the Customer Care Center at 1-800-221-9393.

Sincerely,
Nurse Corps Scholarship Program

Email will be sent to Applicant when each LOR is uploaded

Letter of Recommendation Uploaded Inbox ×

bmiss@voosh.de <bmiss@voosh.de> 8:07 AM (50 minutes ago)
to cstest1530+1

Dear Cindy Smith,

Your letter of recommendation request has been completed by Ms. Lisa Brooks. Once both letters of recommendation and all other required application steps have been completed you will be able to submit your application.

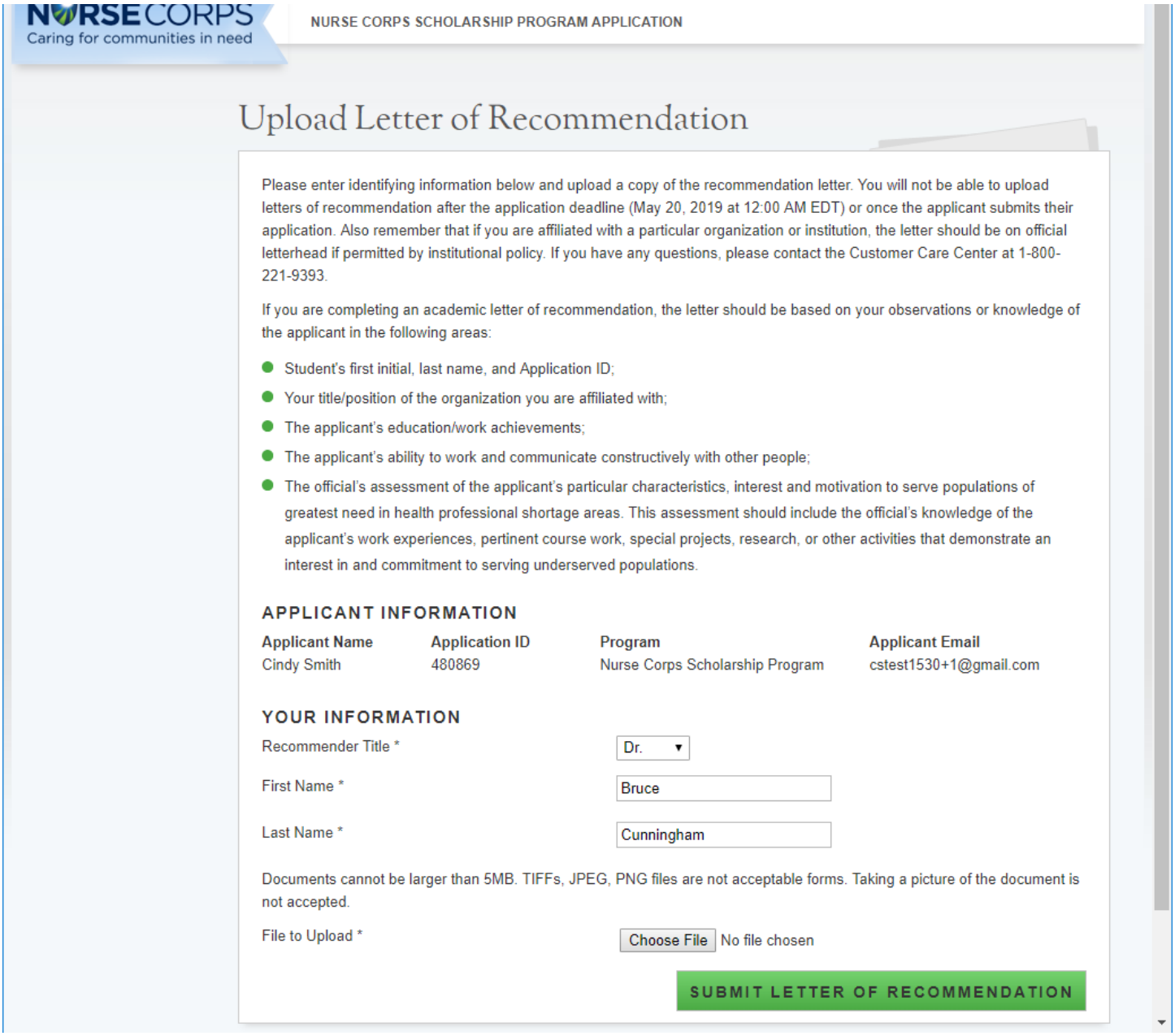
Your application will not automatically be submitted once the LOR is uploaded. You must go back to the application and submit your application before May 20, 2019 at 12:00 AM EDT.

Sincerely,
Nurse Corps Scholarship Program

Section 7 – Letters of Recommendation continued

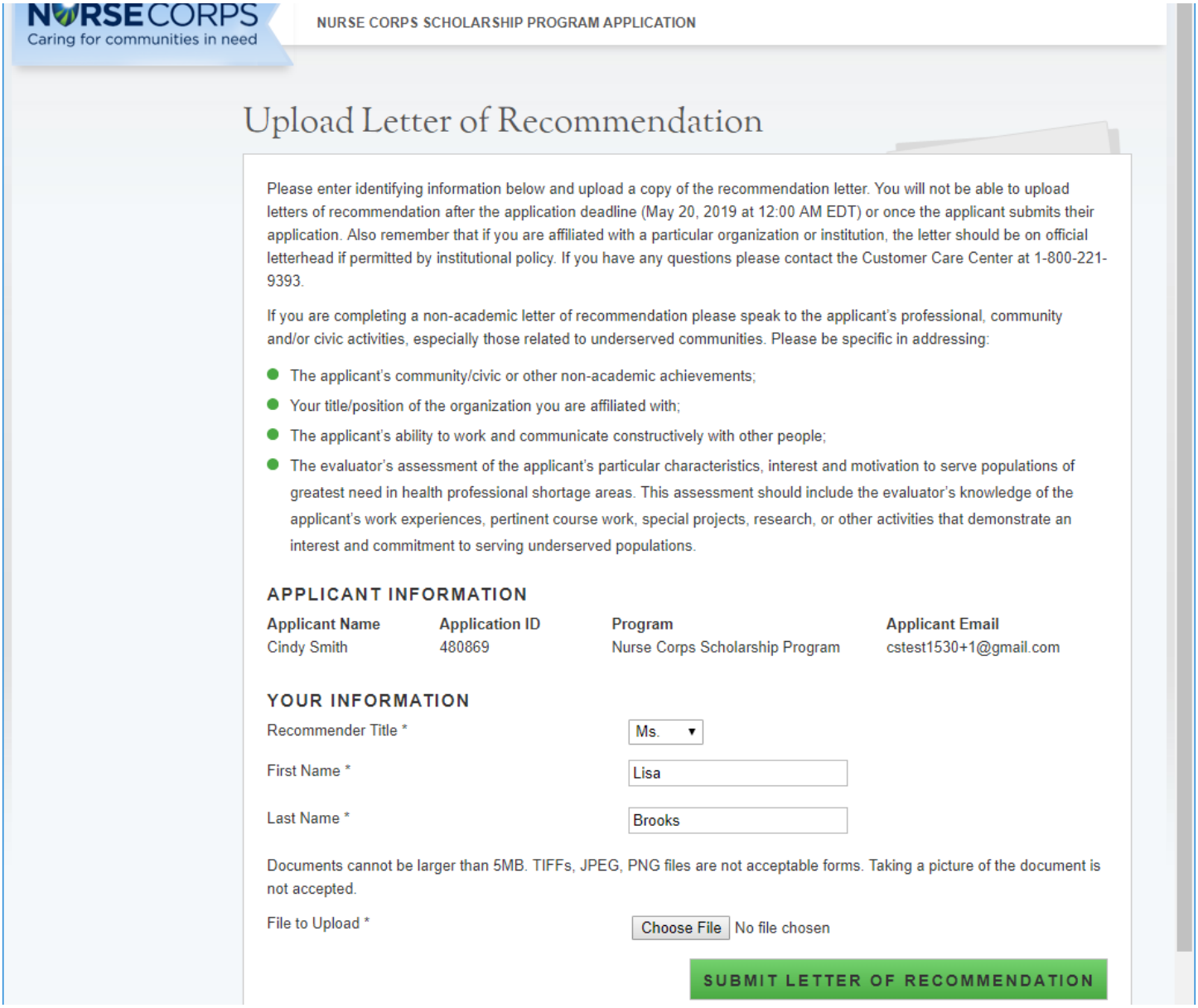
Recommenders upload Letters of Recommendation using the link in the email. If the applicant has resent the link, canceled the request, or the cycle is closed the link will become inactive.

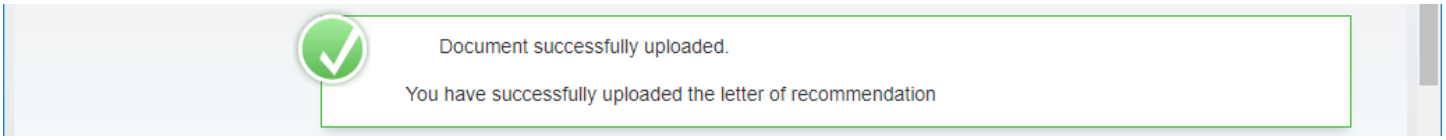
Instructions for Academic Letter of Recommendation



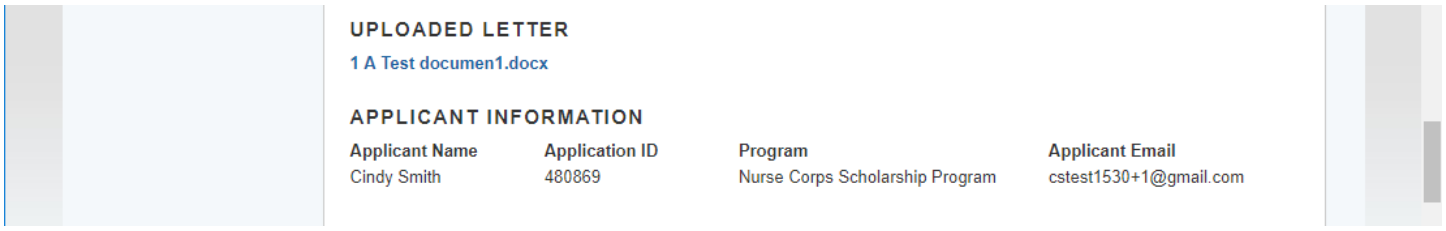
Section 7 – Letters of Recommendation continued

Instructions for Non-Academic Letter of Recommendation





If the recommender reopens the link, they will see the document listed in the Uploaded Letter section



6 Degree Information | 7 Letters of Recommendation | 8 Supporting Documents | 9 Self-Certification | 10 Review & Submit

Supporting Documents

* required field

Identify the document you would like to upload and then 'browse' to the document 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 or ineligibility of your application. Any materials uploaded and found illegible or unable to be opened will deem the application ineligible.

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 **2019 Nurse Corps Scholarship Program Application and Program Guidance**.

ESSAY QUESTIONS

1. How will you contribute to the mission of the Nurse Corps Scholarship Program in providing care to underserved communities?
2. What personal experiences have prepared you to work with underserved populations, such as participation in a federal pipeline program, community service, internships, or experience in rural, frontier or tribal populations?
3. Please discuss your commitment to pursue a career in nursing.

Each response should be limited to 500 word count or less (about a full page with spacing) in Times New Roman 12 font or equivalent, 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

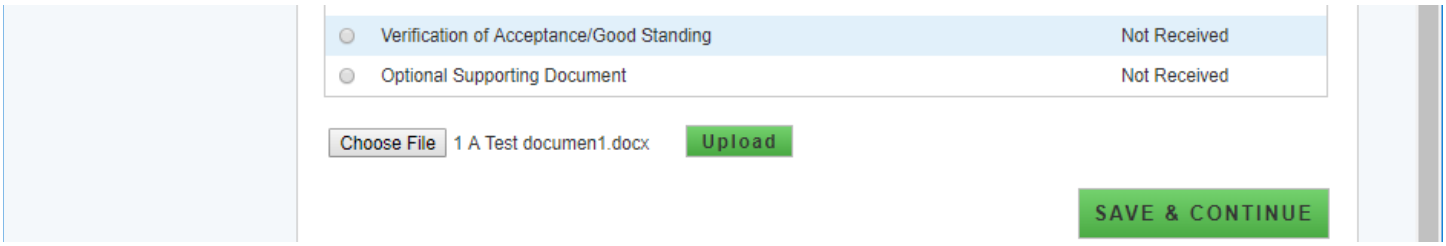
	Document Title	Document File	Status	Delete
○	Authorization to Release Information		Not Received	
○	Complete Official Student Aid Report		Not Received	
○	Current Year Tuition and Fees Schedule		Not Received	
○	Essay 1 - Mission of Nurse Corps SP		Not Received	
○	Essay 2 - Experience in Underserved Communities		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	
○	Optional Supporting Document		Not Received	

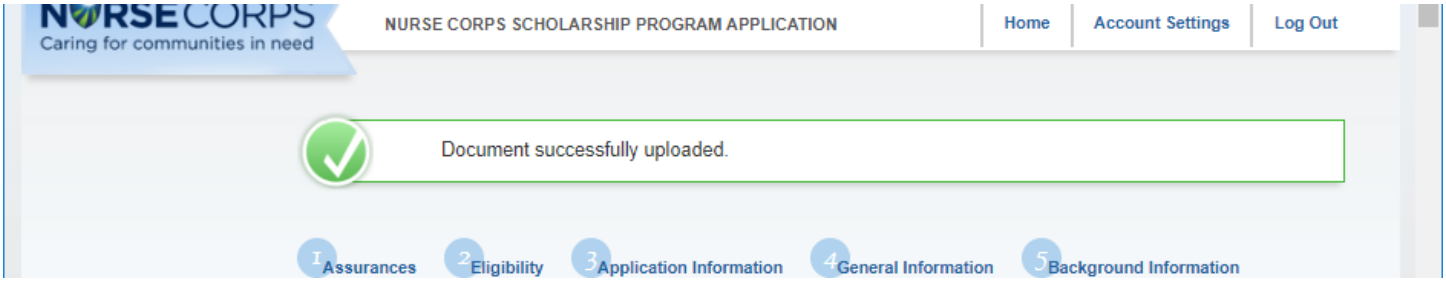
Choose File | No file chosen Upload

SAVE & CONTINUE

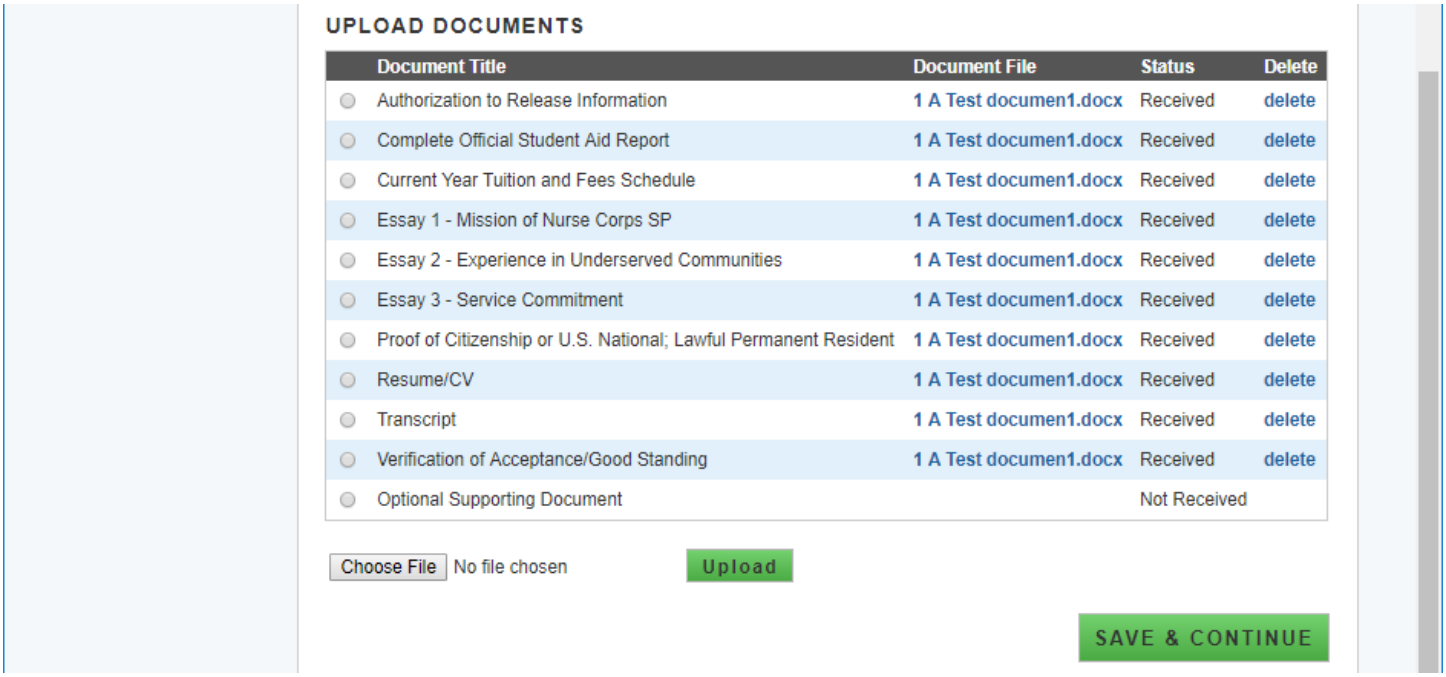
Section 8 – Supporting Documents continued

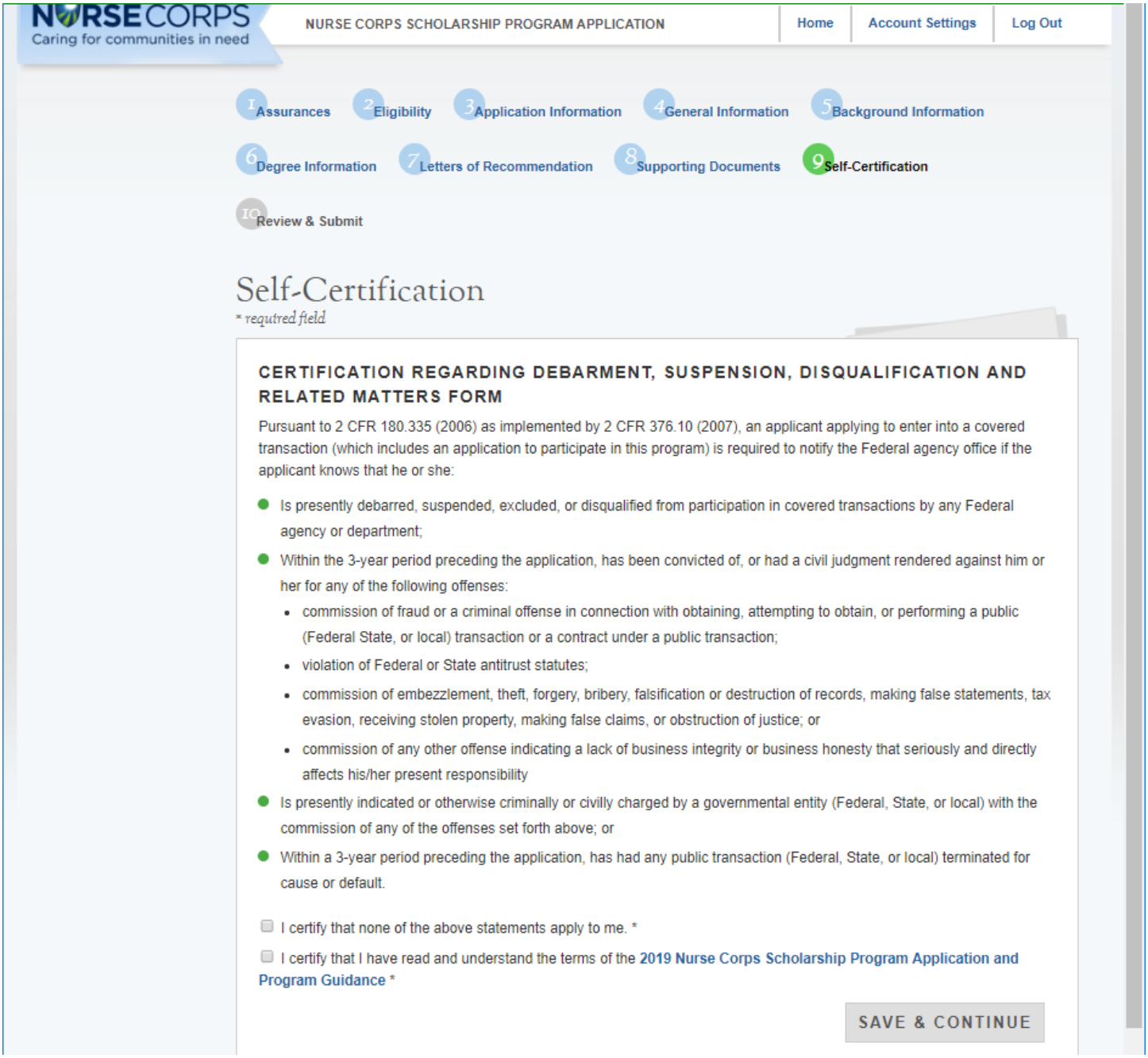
When applicant selects file, the name will appear by “Choose File”, select “Upload” to add document to selected document title





Document Status after files have been uploaded. Applicants have the option to delete file and upload new document




NURSE CORPS
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NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION
Home
Account Settings
Log Out
1 Assurances
2 Eligibility
3 Application Information
4 General Information
5 Background Information
6 Degree Information
7 Letters of Recommendation
8 Supporting Documents
9 Self-Certification
10 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 2019 Nurse Corps Scholarship Program Application and Program Guidance *
SAVE & CONTINUE

NURSE CORPS
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NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION | Home | Account Settings | Roles | Log Out

1 Assurances 2 Eligibility 3 Application Information 4 General Information 5 Background Information
6 Degree Information 7 Letters of Recommendation 8 Supporting Documents 9 Self-Certification
10 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 20, 2019 at 12:00 AM EDT.

Page Name	Status
Assurances	Complete
Eligibility	Complete
Application Information	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:

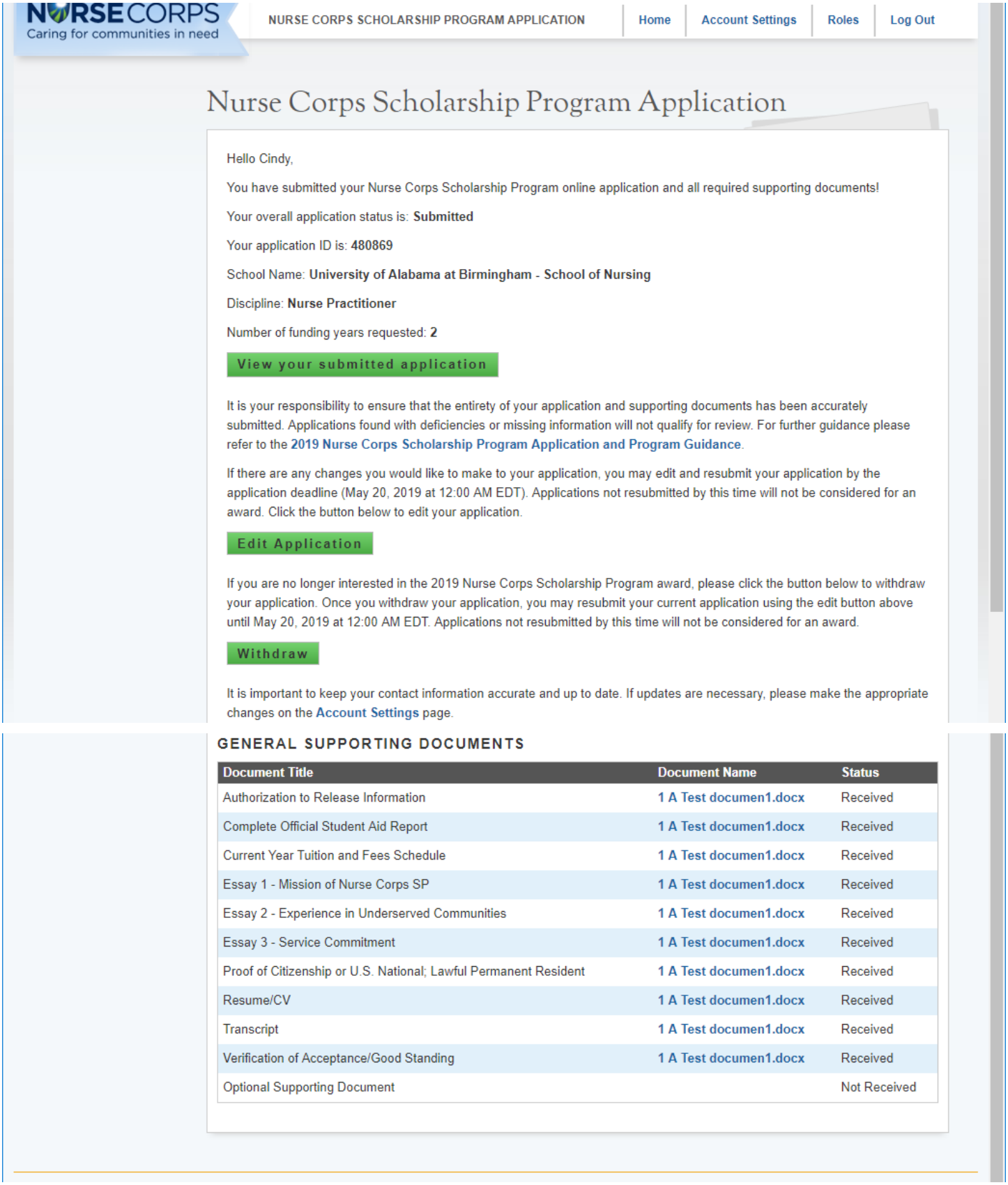
I certify that the information given in this application, including supporting documentation uploaded into this application, is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection 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 *

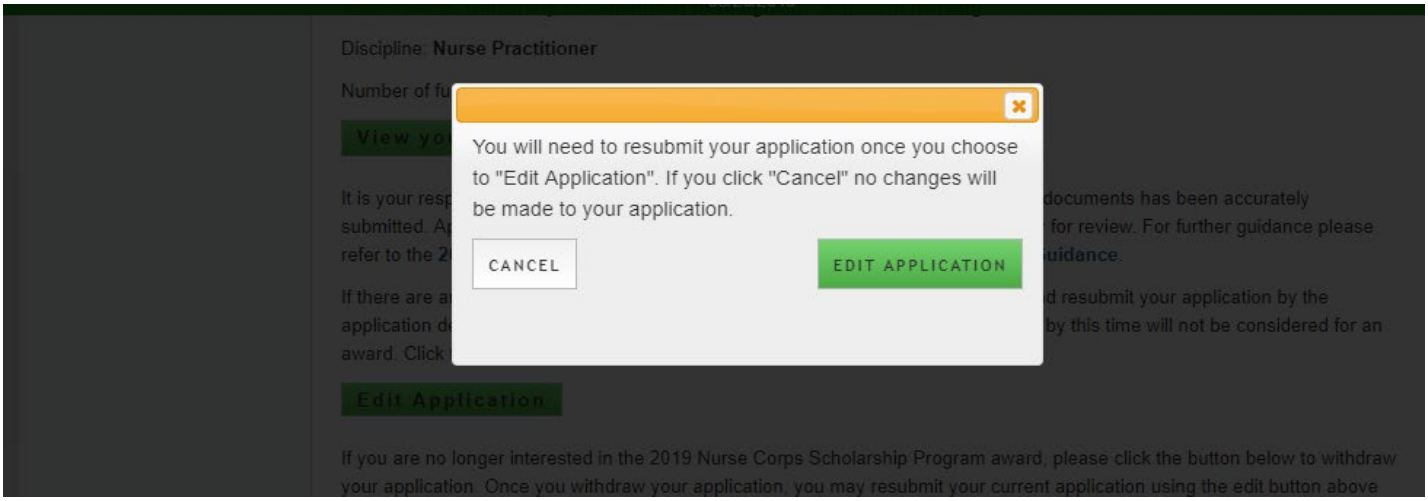
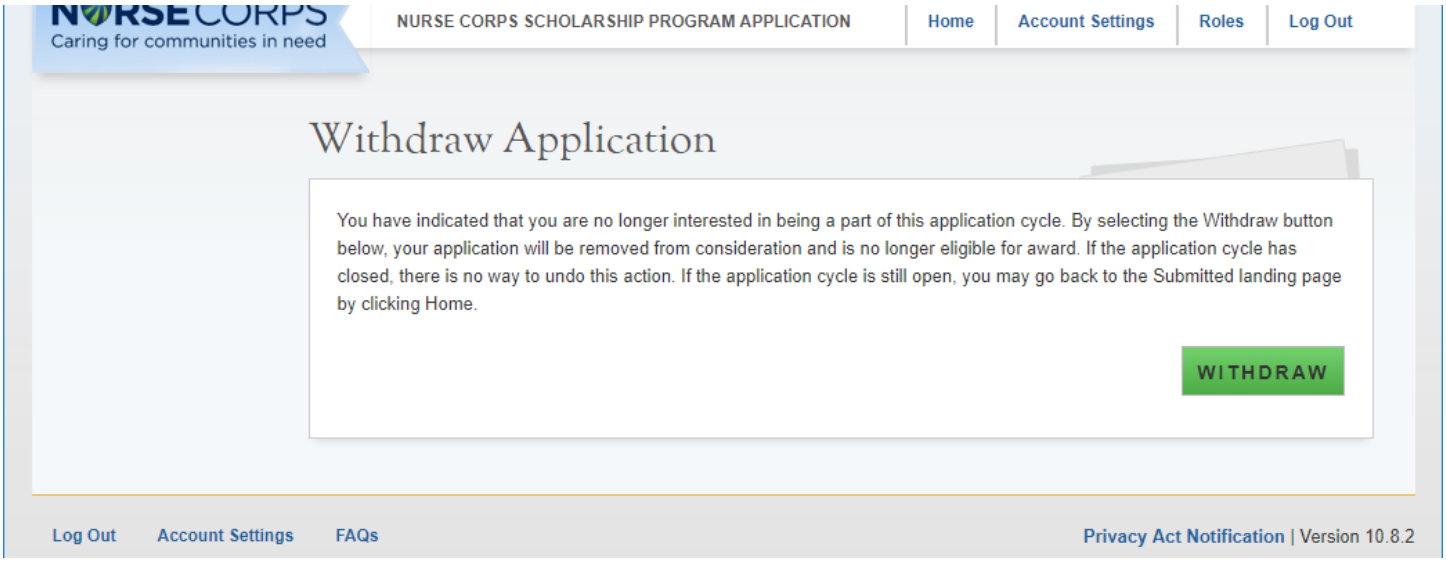
SUBMIT

OMB No. 0915-0301 Expiration Date: 05/31/2021

Applicant home page after submission



Pop up message if applicant chooses to Edit Application



Message if applicant chooses to withdraw application