

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

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?](#)

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 05/31/2021. Public reporting burden for this collection is estimated to average 0.8 hour(s) per response, including the time for reviewing instructions, searching existing 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](#).

bhwnextgen.hrsa.gov says

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this government system, which includes

- (1) this computer network,
- (2) all computers connected to this network,
- (3) all devices and storage media attached to this network or to a computer on this network.

This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following: The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this 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 system.


Any communication or data transiting or stored on this system may be disclosed ...

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 *	<input type="text"/>
Last Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Title	<input type="text" value="Select"/>
Suffix	<input type="text" value="Select"/>
Email *	<input type="text"/>
Confirm Email *	<input type="text"/>
Create Password * 	<input type="text"/>
Confirm Password *	<input type="text"/>
Security Question *	<input type="text" value="Select"/>
Security Answer *	<input type="text"/>

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 x



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

Dear Applicant,

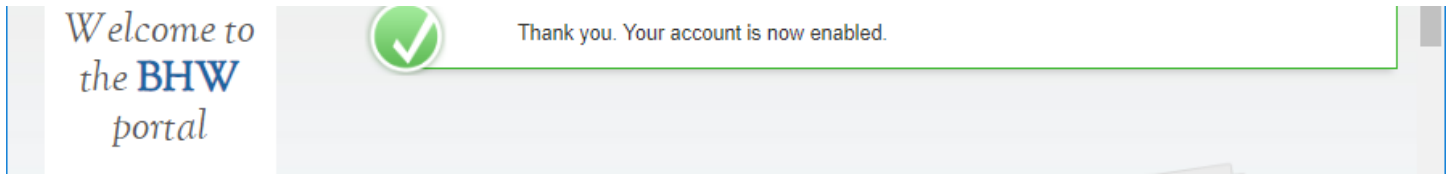
Thank you for registering an account with the Health Resources and Services Administration's Bureau of Health Workforce.

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 applicant will only see this page the first time they log in and start the application.

NURSE CORPS
 Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

[Home](#) | [Account Settings](#) | [Log Out](#)

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 [2019 Nurse Corps Scholarship Program Application and Program Guidance \(APG\)](#) before starting the application. Accepting the Nurse Corps Scholarship award constitutes entering into a contract with the federal government. It is important that you fully understand the responsibility and obligation under which you will serve.

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 must 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

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



NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

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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

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


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Section 1 – Tool Tips

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. * 

An eligible critical shortage facility is a type of health care facility that has a Health Professional Area Score of 14 or greater as defined in the 2019 Nurse Corps Scholarship Program's Application and Program Guidance (APG). Failure to meet your Federal Government service obligation as defined in the APG may result in a default recommendation. Please refer to the APG for further details about your service obligation.

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. * 

Nurse Corps Scholarship Program participants will have up to 6 months from their date of graduation to (1) obtain a nursing license and (2) accept an offer of employment from a Nurse Corps Scholarship Program approved facility. Participants will have up to 3 months following the date of the acceptance of such job offer to commence full-time (or if approved by the Secretary, part-time) clinical services at the facility.

Accept Decline

SAVE & CONTINUE

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

The screenshot shows the top navigation bar with the Nurse Corps logo (Caring for communities in need), the page title "NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION", and links for "Home", "Account Settings", and "Log Out". The main heading is "Nurse Corps Scholarship Program Application". The central message states: "Applicant Name: Cindy Smith", "Your application status is: **Not Eligible**", and "Based on the answers you have submitted within the Assurances or Eligibility sections, you do not meet the 2019 Nurse Corps Scholarship Program eligibility requirements. To be eligible for a scholarship, a Nurse Corps Scholarship Program applicant must:". A bulleted list of requirements follows: "Accept all Assurance statements", "Be a U.S citizen, U.S national or a Lawful Permanent Resident", "Be enrolled or accepted for enrollment as a full or part-time student in an accredited school of nursing", "Be in good standing (i.e. not on academic probation, suspension or other disciplinary action), if currently enrolled in a nursing program", and "Begin the nursing degree program on or before Oct 01, 2019". A green button labeled "BACK TO APPLICATION" is located at the bottom right of the message box.

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Nurse Corps Scholarship Program Application

Applicant Name: **Cindy Smith**

Your application status is: **Not Eligible**

Based on the answers you have submitted within the Assurances or Eligibility sections, you do not meet the 2019 Nurse Corps Scholarship Program eligibility requirements. To be eligible for a scholarship, a Nurse Corps Scholarship Program applicant must:

- Accept all Assurance statements
- Be a U.S citizen, U.S national or a Lawful Permanent Resident
- Be enrolled or accepted for enrollment as a full or part-time student in an accredited school of nursing
- Be in good standing (i.e. not on academic probation, suspension or other disciplinary action), if currently enrolled in a nursing program
- Begin the nursing degree program on or before Oct 01, 2019

[BACK TO APPLICATION](#)

Section 2 - Eligibility

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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


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Section 2 – Eligibility Tool Tips & Drop Downs

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

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.


... federal payment obligations (e.g. Health Education Assistance Loans, FHA

3. Do you have an existing service obligation? * 

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.

... federal payment obligations (e.g. Health Education Assistance Loans, FHA guaranteed/insured loans, or court ordered child support)? *

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

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

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

Yes No

8. Are you currently enrolled at an

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.

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


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 2019-2020 school year begin on or before September 30, 2019? *


Yes No

Section 2 – Eligibility - Tool Tips & Drop Downs continued

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

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, 2019.

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


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? * Select

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

Yes No

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

Yes No

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

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

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

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

Section 3 – Application Information

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Application Information

** required field*

APPLYING FOR

Application Type * Full-Time Part-Time

SAVE & CONTINUE

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After applicant selects the Application Type, an additional question generates

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Application Information

** required field*

APPLYING FOR

Application Type * Full-Time Part-Time

1. If you are applying as a Registered Nurse, please save and continue to the next section. If you are applying as a Nurse Practitioner, please identify your specialty area

2. If Other, please specify

SAVE & CONTINUE

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Section 3 – Application Information continued – Drop down

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Application Information

** required field*

APPLYING FOR

Application Type * Full-Time Part-Time

1. If you are applying as a Registered Nurse, please save and continue to the next section. If you are applying as a Nurse Practitioner, please identify your specialty area

2. If Other, please specify

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

SAVE & CONTINUE

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

General Information

* required field

FULL NAME

First Name *

Last Name *

Middle Initial

Title

Suffix

HOME (PERMANENT) ADDRESS

Address Line 1 *

Address Line 2

Country *

State/Province/Region/Territory *

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 *

State/Province/Region/Territory *

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 *

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? *

SAVE & CONTINUE

EMAIL
Preferred * 
Alternate 


The preferred email address is used as the main source of communication from BHW.

SOCIAL S

EMAIL
Preferred *

Your alternate email address will not be used unless all other forms of contact have been unsuccessful.

Alternate 
SOCIAL SECURITY NUMBER


SOCIAL SECURITY NUMBER
SSN * 
Confirm

We collect your Social Security Number (SSN) to verify your identity, to determine your eligibility, and to keep track of the federal funds you receive. We also use your SSN to determine whether you are eligible for the award. See Privacy Act information for additional information

HOW **PROGRAM**


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

NURSECORPS Caring for communities in need | NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION | Home | Account Settings | Log Out

 Please enter a valid SSN.
Re-entered Social Security Number is invalid or does not match the original Social Security Number

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

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.

 This Social Security Number is already in use by another account. This may be happening because you have multiple accounts with the BHW. Please log out, then log in using the account that is associated with this Social Security Number. Please call the BHW Customer Care Center at 1-800-221-9393 or navigate to <http://www.hrsa.gov/about/contact/bhwhelp.aspx> for assistance. (Error code: MULAPLC)

Section 5 – Background Information

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Background Information


* required field

PLACE OF BIRTH

Country *

State/Province/Region/Territory *

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 *

Year received *

EMERGENCY/ALTERNATE CONTACT INFORMATION

First Name *

Last Name *

Middle Initial

Address Line 1 *

Address Line 2

Country *

State/Province/Region/Territory *

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

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 *

What degree or certification will you receive upon 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](#).

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?

Time left until completion of program years 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

PROFESSIONAL HEALTH DISCIPLINE

Discipline * 

What degree completion of *


PROFESSIONAL HEALTH DISCIPLINE

Discipline * 

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

- Select
- Nurse Practitioner
- Registered Nurse

PROFESSIONAL HEALTH DISCIPLINE


Discipline * 

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

- Select
- Select
- Master's
- Doctor of Nursing Practice (DNP)
- Ph.D

SCHOOL

PROFESSIONAL HEALTH DISCIPLINE

Discipline * 

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

- Select
- Select
- Nursing Diploma
- Associate's
- Bachelor's
- Graduate
- Bachelor's (Accelerated)

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.

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

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](#). 

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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 *

School City

SEARCH


School Name * 

State or Territory


School City

Please provide the full name of the school campus where you will be pursuing your degree or certification, without abbreviation. School name search must be more than 4 characters long.

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

 Please provide more than 4 characters for your school name. Please provide the full name of the school campus where you will be pursuing your degree or certification, without abbreviation.

Notification if an exact school match is not found

 We're unable to locate any schools based on the following information. Please revise your search criteria or review the list of schools for the selected state.

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 *

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.](#)

- [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 *

School Address

Address Line 1 *

Address Line 2

City *

State/Province/Region/Territory *

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

Degree/Certification

Degree Program Accreditation Body

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 *
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[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](#)



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

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

University of Alabama in Birmingham
456 UAB road
Birmingham, AL 37014

Want to Cancel Your Request?


[Cancel Review Request](#)

Message when an applicant chooses to cancel a school request

NURSECORPS
Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

[Home](#) [Account Settings](#) [Log Out](#)

 Your school review has been successfully cancelled.

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

Inbox 12

- Starred
- Snoozed
- Sent
- Drafts
- More

Cindy ▾ +

No recent chats
[Start a new one](#)

Nurse Corps Scholarship Program New School/Degree Request Approved

noreply@hrsa.gov <noreply@hrsa.gov> 8:13 AM (1 minute ago) ☆ ↶ ⋮

to me ▾

Dear Cindy Smith,

The Nurse Corps Scholarship Program has reviewed and approved your request and the following school and degree program information has been added to our system.

University of Alabama at Birmingham - School of Nursing
1720 2nd Ave S

Birmingham, AL 35233

Discipline: Nurse Practitioner
Degree: Master's

If the application cycle is still open, your application has been automatically updated with the approved information from this request. Please log in and review the school information on your application (<http://hrsangenapp1trn.nih.gov:8580/extranet/application/ncsp/login.seam>). You may then complete and submit your application.

Distribution Section 6 – Degree Information continued

School Section with approved school selected or school has been approved

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](#).

SELECTED SCHOOL

University of Alabama at Birmingham - School of Nursing
1720 2nd Ave S
Birmingham, AL 35233

SEARCH SCHOOL

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

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? *

Time left until completion of program * years 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 (these are the start and end dates of each contract year). You must start classes on or before September 30th.

You must request funding for the upcoming school year and the additional 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 Year 1 End Date

I am requesting funding for year 1

Year 2 Start Date Year 2 End Date

I am requesting funding for year 2

Section 6 - Degree Information continued

Section with program information fields completed

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? *

Time left until completion of program * years 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 (these are the start and end dates of each contract year). You must start classes on or before September 30th.

You must request funding for the upcoming school year and the additional 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 Year 1 End Date

I am requesting funding for year 1

Year 2 Start Date Year 2 End Date

I am requesting funding for year 2

Section 6 – Degree Information – Tool Tips

Year of Program as of 9/30/19

On 9/30/2019, in what year of your program will you be enrolled? * This does not pertain to degree program(s) completed as of 9/1/2019.

Time left until completion of program * years months

Expected Family Contribution

EXPECTED FAMILY CONTRIBUTION Students with the greatest financial need will be given funding preference.

Enter your Expected Family Contribution (EFC) from your 2019-2020 FAFSA. If you have not completed your FAFSA, you must complete the Official Student Aid Report *

Section 7 – Letters of Recommendation



- 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

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 20, 2019 at 12:00 AM EDT) or once you submit your application.

ACADEMIC LETTER OF RECOMMENDATION

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 *

First Name *

Last Name *

Email *

[Request Recommendation](#)

NON-ACADEMIC LETTER OF 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 and federal pipeline program participation. 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 *

First Name *

Last Name *

Email *

[Request Recommendation](#)

[SAVE & CONTINUE](#)

Distribution Section 7 – Letters of Recommendation

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



The requester email supplied matches the contact emails you entered for the application. Please enter a different email address.

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



Both academic and non academic requests cannot be sent to the same email address.

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

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 20, 2019 at 12:00 AM EDT) or once you submit your application.

ACADEMIC LETTER OF RECOMMENDATION

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: In Progress

Recommender Title	Dr.
First Name	Tom
Last Name	Cunningham
Email	cstest1530+1@gmail.com

[Resend Request Email](#)

[Cancel this Recommendation](#)

NON-ACADEMIC LETTER OF 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 and federal pipeline program participation. 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: In Progress

Recommender Title	Ms.
First Name	Lisa
Last Name	Brooks
Email	cstest1530+2@gmail.com

[Resend Request Email](#)

[Cancel this Recommendation](#)

[SAVE & CONTINUE](#)

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 x



bmiss@voosh.de <bmiss@voosh.de>
to cctest1530+1

8:07 AM (50 minutes ago) ☆ ↶ ⋮



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



NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Upload Letter of Recommendation

Please enter identifying information below and upload a copy of the recommendation letter. You will not be able to upload letters of recommendation after the application deadline (May 20, 2019 at 12:00 AM EDT) or once the applicant submits their application. Also remember that if you are affiliated with a particular organization or institution, the letter should be on official letterhead if permitted by institutional policy. If you have any questions, please contact the Customer Care Center at 1-800-221-9393.

If you are completing an academic letter of recommendation, the letter should be based on your observations or knowledge of the applicant in the following areas:

- Student's first initial, last name, and Application ID;
- Your title/position of the organization you are affiliated with;
- The applicant's education/work achievements;
- The applicant's ability to work and communicate constructively with other people;
- The official's assessment of the applicant's particular characteristics, interest and motivation to serve populations of greatest need in health professional shortage areas. This assessment should include the official's knowledge of the applicant's work experiences, pertinent course work, special projects, research, or other activities that demonstrate an interest in and commitment to serving underserved populations.

APPLICANT INFORMATION			
Applicant Name	Application ID	Program	Applicant Email
Cindy Smith	480869	Nurse Corps Scholarship Program	cstest1530+1@gmail.com

YOUR INFORMATION

Recommender Title * ▼

First Name *

Last Name *


Documents cannot be larger than 5MB. TIFFs, JPEG, PNG files are not acceptable forms. Taking a picture of the document is not accepted.

File to Upload * No file chosen

SUBMIT LETTER OF RECOMMENDATION

Section 7 – Letters of Recommendation continued

Instructions for Non-Academic Letter of Recommendation



NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Upload Letter of Recommendation

Please enter identifying information below and upload a copy of the recommendation letter. You will not be able to upload letters of recommendation after the application deadline (May 20, 2019 at 12:00 AM EDT) or once the applicant submits their application. Also remember that if you are affiliated with a particular organization or institution, the letter should be on official letterhead if permitted by institutional policy. If you have any questions please contact the Customer Care Center at 1-800-221-9393.

If you are completing a non-academic letter of recommendation please speak to the applicant's professional, community and/or civic activities, especially those related to underserved communities. Please be specific in addressing:

- The applicant's community/civic or other non-academic achievements;
- Your title/position of the organization you are affiliated with;
- The applicant's ability to work and communicate constructively with other people;
- The evaluator's assessment of the applicant's particular characteristics, interest and motivation to serve populations of greatest need in health professional shortage areas. This assessment should include the evaluator's knowledge of the applicant's work experiences, pertinent course work, special projects, research, or other activities that demonstrate an interest and commitment to serving underserved populations.

APPLICANT INFORMATION

Applicant Name	Application ID	Program	Applicant Email
Cindy Smith	480869	Nurse Corps Scholarship Program	cstest1530+1@gmail.com

YOUR INFORMATION

Recommender Title * Ms. ▼


First Name *

Last Name *

Documents cannot be larger than 5MB. TIFFs, JPEG, PNG files are not acceptable forms. Taking a picture of the document is not accepted.

File to Upload * No file chosen

[SUBMIT LETTER OF RECOMMENDATION](#)



Document successfully uploaded.
You have successfully uploaded the letter of recommendation

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

UPLOADED LETTER

1 A Test documen1.docx

APPLICANT INFORMATION

Applicant Name	Application ID	Program	Applicant Email
Cindy Smith	480869	Nurse Corps Scholarship Program	cstest1530+1@gmail.com

- 6 Degree Information 7 Letters of Recommendation **8 Supporting Documents** 9 Self-Certification
- IC 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
<input type="radio"/> Authorization to Release Information		Not Received	
<input type="radio"/> Complete Official Student Aid Report		Not Received	
<input type="radio"/> Current Year Tuition and Fees Schedule		Not Received	
<input type="radio"/> Essay 1 - Mission of Nurse Corps SP		Not Received	
<input type="radio"/> Essay 2 - Experience in Underserved Communities		Not Received	
<input type="radio"/> Essay 3 - Service Commitment		Not Received	
<input type="radio"/> Proof of Citizenship or U.S. National; Lawful Permanent Resident		Not Received	
<input type="radio"/> Resume/CV		Not Received	
<input type="radio"/> Transcript		Not Received	
<input type="radio"/> Verification of Acceptance/Good Standing		Not Received	
<input type="radio"/> Optional Supporting Document		Not Received	

No file chosen

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

<input type="radio"/>	Verification of Acceptance/Good Standing	Not Received
<input type="radio"/>	Optional Supporting Document	Not Received

Choose File 1 A Test documen1.docx **Upload**

SAVE & CONTINUE

NURSECORPS Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Home Account Settings Log Out

Document successfully uploaded.

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


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

UPLOAD DOCUMENTS

Document Title	Document File	Status	Delete
<input type="radio"/> Authorization to Release Information	1 A Test documen1.docx	Received	delete
<input type="radio"/> Complete Official Student Aid Report	1 A Test documen1.docx	Received	delete
<input type="radio"/> Current Year Tuition and Fees Schedule	1 A Test documen1.docx	Received	delete
<input type="radio"/> Essay 1 - Mission of Nurse Corps SP	1 A Test documen1.docx	Received	delete
<input type="radio"/> Essay 2 - Experience in Underserved Communities	1 A Test documen1.docx	Received	delete
<input type="radio"/> Essay 3 - Service Commitment	1 A Test documen1.docx	Received	delete
<input type="radio"/> Proof of Citizenship or U.S. National; Lawful Permanent Resident	1 A Test documen1.docx	Received	delete
<input type="radio"/> Resume/CV	1 A Test documen1.docx	Received	delete
<input type="radio"/> Transcript	1 A Test documen1.docx	Received	delete
<input type="radio"/> Verification of Acceptance/Good Standing	1 A Test documen1.docx	Received	delete
<input type="radio"/> Optional Supporting Document		Not Received	

Choose File No file chosen **Upload**

SAVE & CONTINUE



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](#)

- [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

Applicant home page after submission



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: **480869**

School Name: **University of Alabama at Birmingham - 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 [2019 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 (May 20, 2019 at 12:00 AM 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 2019 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 May 20, 2019 at 12:00 AM EDT. Applications not resubmitted by this time will not be considered for an award.

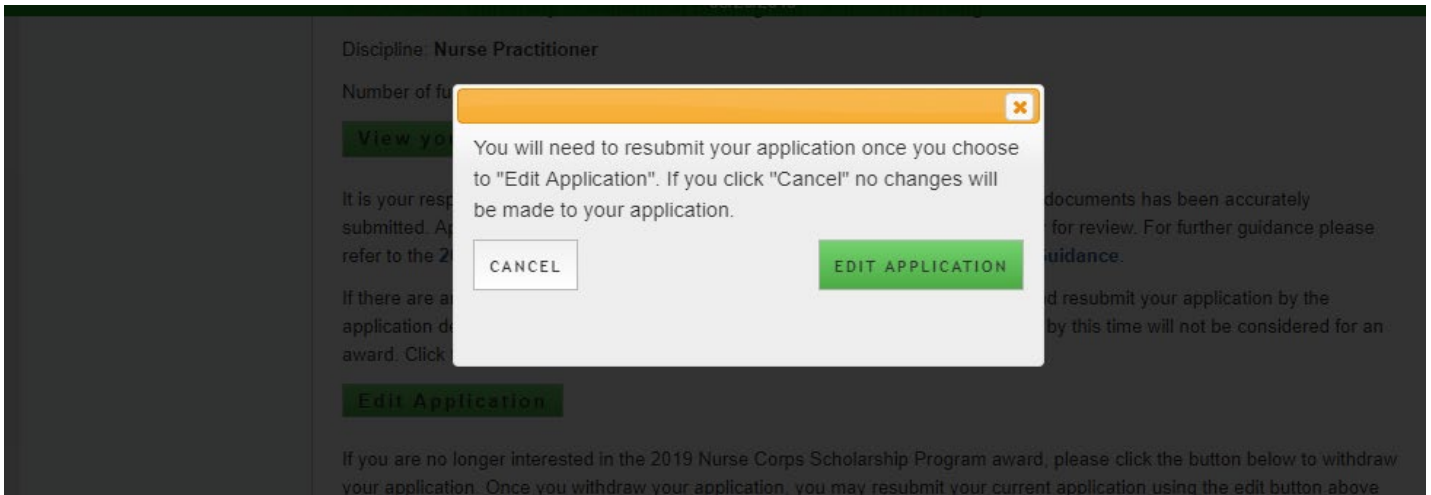
[Withdraw](#)

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
Optional Supporting Document		Not Received

Pop up message if applicant chooses to Edit Application



Message if applicant chooses to withdraw application

