National Health Service Corps Students to Service Loan Repayment Program

Welcome to the FY17 National Health Service Corps Students to Service Loan Repayment Program Online Application

Thank you for your interest in the National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP). Please be sure to carefully read the **2017 NHSC S2S LRP Application and Program Guidance (APG)** before starting the application. The NHSC S2S LRP application consists of two parts: the online application and required supporting documents.

All applicants must be in their last year of medical or dental school at an accredited school located in a State, the District of Columbia, or a U.S. territory:

- A school of allopathic medicine, pursuing an M.D. degree, accredited by the Liaison Committee on Medical Education (sponsored by the American Medical Association and the Association of American Medical Colleges); or
- A school of osteopathic medicine, pursuing a D.O. degree, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation; or
- A school of dentistry, pursuing a D.D.S or D.M.D degree, accredited by the American Dental Association, Commission on Dental Accreditation.

Medical Students must plan to match and complete an accredited primary care medical residency in an NHSC-approved specialty. The approved residencies and time period for each under the NHSC S2S LRP are:

Approved Residencies for Medical Students	Time Period
Family Practice	3 years
General Internal Medicine	3 years
General Pediatrics	3 years
Obstetrics-Gynecology	4 years
Internal Medicine/Family Practice	4 years
Internal Medicine/Pediatrics	4 years
Geriatrics Fellowship following completion of residency training in Family Practice or General Internal Medicine	1 year
Rotating internship with a request to complete a residency in one of the above specialties	1 year

The NHSC S2S LRP may approve, on a case-by-case basis, and consistent with the needs of the NHSC, additional residencies not listed above. Proof of participation in an NHSC-approved postgraduate training program will be required before any loan repayments will be disbursed.

Dental students are encouraged, but not required, to complete one accredited postgraduate training in an NHSC-approved specialty. The list of NHSC-approved postgraduate training programs, and the time period for each under the NHSC S2S LRP, are as follows:

Approved Postgraduate Training for Dental Students	Time Period
General Practice Dentistry	1 year
Advanced Education in General Dentistry	1 year
Pediatric Dentistry	2 years
Public Health Dentistry	2 years
Geriatrics Dentistry Fellowship following completion of postgraduate training	1 year

The NHSC will not approve any other postgraduate training programs and dental students who wish to pursue training other than the postgraduate training programs listed above are advised not to apply for participation in the NHSC S2S LRP.

It is recommended that prior to beginning the online application you prepare all electronic copies of the required supporting documentation. *All information provided in the supporting documents and online application must match*

exactly. Any disparities will cause your application to be deemed ineligible.

All of these documents can be uploaded online:

- Proof of U.S. Citizenship or U.S. National
- **Authorization to Release Information**
- **Verification of Good Standing**
- Unofficial Transcript
- Application Essays
- CV/Resume
- Letters of Recommendation
- Proof of Passage of Required Licensure Exams
- Loan Information Verification
- **Verification of Disadvantaged Background (If Applicable)**
- Existing Service Obligation/Reserves Document (If Applicable)

All information provided in the supporting documents and online application must match. Any disparities may cause your application to be deemed ineligible.

The online application consists of the following sections:

1. Eligibility
2. General Information
3. Education
4. Letters of Recommendation
5. Loans
6. Supporting Documents
7. Self-Certifications
8. Review and Submit

The first section determines your eligibility. You will not be able to continue with the application if you are found ineligible based on your responses in this section. In addition, you will not be able to move forward to the next section of the application until you have completed all required fields in the previous section. You will have the opportunity to save your application to continue at a later date.

Prior to submission, you will have the opportunity to review and/or edit your application. Before submitting your application, you should review each section to verify that each is complete and represents the information you want to submit. Once the online application has been submitted, applicants will also have an opportunity to make edits or withdraw their applications. Final edits and resubmissions must be made before the close of the online application portal (May 30, 2017). You will not be able to edit your submitted application after the application deadline. Your submitted application will be available for download and print.

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

The final submission date is May 30, 2017 at 12:00 AM EDT. Remember to log into the NHSC S2S LRP online application to check the status of your application!

Eligibility

1. Are you a U.S. Citizen or U.S. National? * 🛈

   Yes   No

2. Are you in your final year of medical, osteopathic, or dental school and planning to complete your last day of your course work by May 31, 2017? *

   Yes   No

3. Which of the following programs are you currently enrolled in? *

   Accredited MD or DO Program   Accredited DDS or DMD Program

4. Have you applied to a Post Graduate Training Program? *

   Yes   No

5. Do you have an existing service obligation? * 🛈

   Yes   No

   Will there be a conflict in fulfilling the NHSC obligation? * 🛈

   Yes   No

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

   Yes   No

6. Do you have a judgment lien against your property from a Federal debt? *

   Yes   No

7. Are you currently in default on any Federal debt? *

   Yes   No

8. Are you eligible to hold an appointment as a Commissioned Officer of the Public Health Service or a Federal civil service? *

   Yes   No

General Information

FULL NAME

First Name *

Last Name *

Middle Initial

Title   Select

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 *

Alternate ℹ️

SOCIAL SECURITY NUMBER

SSN * ℹ️

Confirm SSN *

PLACE OF BIRTH

Country *   United States

State/Province/Region/Territory *   Select

City *

Date of Birth *   📅

DEMOGRAPHICS

Award selection will not be determined by this section

Gender   Male
                            Female

Ethnicity   Hispanic or Latino
                            Not Hispanic or Latino

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

DISADVANTAGED BACKGROUND ℹ️

Has your school ever certified you as having a disadvantaged background? (If yes, you will be required to upload a supporting document). *

    Yes   No

HOW DID YOU HEAR ABOUT S2S

How did you hear about the S2S   Select
Program? *

Letters of Recommendation

All recommendations must be completed online. It is your responsibility to ensure that both recommendations are submitted by the application submission deadline date. You will not be able to submit your Students to Service 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 or once you submit your application.

PRECEPTOR LETTER OF RECOMMENDATION

This letter may be from a primary care preceptor or another individual who can discuss the applicant's interest in and commitment to a career in primary care and service to underserved populations and communities. **The letter must have a handwritten signature and/or be on the institution's letterhead. If the requirements are not met the applicant will be deemed ineligible.**

Status: Not Started

Recommender Title *   Select

First Name *

Last Name *

Email *

ADDITIONAL LETTER OF RECOMMENDATION

The second letter of recommendation should be from an individual who is familiar with the applicant and who is aware of the applicant's academic, professional, community, and/or civic activities, especially those related to primary care and underserved communities. A recommender can be a current or former employer, community leader, colleague, or anyone who has knowledge of the applicant's interest and motivation in providing primary care in underserved communities. **The letter must have a handwritten signature and/or be on the institution's letterhead. If the requirements are not met the applicant will be deemed ineligible.**

Status: Not Started

Recommender Title *   Select

First Name *

Last Name *

Email *

Education

Please complete the fields below with your current school information.

PROFESSIONAL HEALTH DISCIPLINE

Discipline *   Allopathic Physician

What specialty do you plan to pursue?   Select

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

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

SCHOOL

Select the state where the school is located *   Select

Select the name of the school *   Select

If your school is not listed in the drop down, please contact NHSC at NHSCSP@hrsa.gov with the subject line "School Not Found."

On what date did you begin your education at the
school identified above? *

What is the length of your program? *   Select

What year in school are you currently? *   Select

On what date will you graduate? *

Education

* required field

Please complete the fields below with your current school information.

PROFESSIONAL HEALTH DISCIPLINE

Discipline *   Dentist

What specialty do you plan to pursue?   Select

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

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

SCHOOL

Select the state where the school is located *   Select

Select the name of the school *   Select

If your school is not listed in the drop down, please contact NHSC at NHSCSP@hrsa.gov with the subject line "School Not Found."

On what date did you begin your education at the   🗓
school identified above? *

What is the length of your program? *   Select

What year in school are you currently? *   Select

On what date will you graduate? *   🗓

Have you applied to a Post Graduate Training   Yes   No
Program? *

OMB No. 0915-0146 Expiration Date: 06/30/2017

Loan Information

In this section, you will be required to add the loans that you want approved for repayment under the National Health Service Corps (NHSC) Students to Service Loan Repayment Program.

To expedite this process, you may import your federal student loan(s) from the U.S. Department of Education's National Student Loan Data System (NSLDS) directly into the online application. For loans imported from the NSLDS, no supporting documents are required.

To access your federal student loan(s) use the "Access your Loans" button below. You will be directed to the Department of Education's Federal Student Aid login page and required to log in using your Federal Student Aid ID (FSA ID). If you have any questions about your FSA ID, please visit: **https://www.nslds.ed.gov/npas/pub/faq.htm** ⬚

After successfully logging in to FSA, you will be automatically directed back to your application with your loans displayed below. Once your loans have been imported, please ensure all loans you wish to submit are listed. You may also select the 'Return to Source' button from the FSA ID Login screen at any time.

For additional loans that are not covered in the NSLDS and may be private education loans, you can still manually enter the loans along with supporting documents. Any loans that do not appear in your NSLDS account must be added to your application manually. If you attempt to add a loan that you believe is NOT a federal student loan(s), but receive an error message, please check the loan data and try again. It is possible that the loan is a duplicate to one that you have added electronically.

Important Note: If you experience any technical difficulties, please contact the Customer Care Center at 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET or **email us**. *If you are unable to resolve your technical difficulties or concerns in time to submit your complete application prior to May 30, 2017, the application deadline, please enter your loans manually. The period for submitting applications will not be extended due to difficulties with submitting your loans.*

To manually add loans, click the "Need Help?" link to manually add loans you wish to submit for loan repayment.

When entering your loan information manually, you must enter loan information and supporting documentation for each servicing lender that you wish to be considered for repayment. The following documents will be required:

- **Account Statement (both private and federal)** - Most recent statement from your lender/servicer that has your name, current loan balance and interest rate. This may be the official paper version, or a printed web version, that is scanned, uploaded, and not older than 30 days from the date you will submit your application.
- **NSLDS Aid Summary Report (federal loans)** - Most recent summary report taken from your National Student Loan Data Systems (NSLDS) account. This may be the official paper version, or a printed web version, that is scanned and uploaded. Note: This is the summary report only, which lists your federal student loans in one document and is available at **http://www.nslds.ed.gov** ⬚.
- **Disbursement Report or Promissory Note (non-federal loans)** - A copy of the document provided by your lender/servicer that outlines the details of your loan agreement, including your name, the date the loan was obtained, the purpose of the loan, account numbers, and the loans included in a consolidation (if applicable).

If you have a consolidated loan, you must enter in all of the information in the table. All of the information must coincide with the information in the loan documents. If they do not coincide, the loan will be deemed ineligible.

> You have not added any loans yet.

LOG INTO YOUR NATIONAL STUDENT LOAN DATA SYSTEM ACCOUNT

NEED HELP?

Don't have a Federal Student Aid ID or want to enter loans manually?

Loan Details

* required field

You have elected to add your qualifying education loans to your application manually. This method is required for adding ALL loans that are NOT federal student loan(s). If you have elected to add your federal student loan(s) using this method you must not attempt to add them using the electronic import method, or you will receive an error message and put you at risk of missing the application deadline.

Include all qualifying education loans, even if they exceed the maximum award amount. Please exclude letters, special characters (i.e. $, %), and commas when entering outstanding loan balances and interest rates. If you have multiple loans with the same servicer/lender, you must enter each loan separately.

To add your loans successfully and to ensure that your loans have the best chance to qualify for repayment when reviewed, you must retrieve, scan and upload the current account statements from your loan servicers and the Aid Summary Report from your NSLDS online account (federal student loan(s)) or a disbursement report for any private loans, for each loan.

For each field completed below, the supporting documents must verify the information you have entered.

Name of current servicing lender *   Select

Loan account number *

Original date of the loan * ⓘ

Original amount of the loan *

Current balance (Principal & accrued Interest) *   as of

Type of loan *   Select

Is this loan in default? *   Yes   No

Is this Loan under Federal court judgment? *   Yes   No

Interest rate

Purpose of loan *   Select

Is this a consolidated loan? *   Yes   No

Supporting Documents

Please select the document you would like to upload from the "Browse" selection and then click "Upload." The loan supporting documents are required in order to establish that this loan coincides with the education periods entered on the Education section of the application.

You are required to upload the Account Statement for this loan ONLY. Additionally, you are required to upload either the Aid Summary Report (for Federal loans) or the Disbursement Report (for non-Federal loans) for this loan ONLY. Uploading supporting documents for different loans will slow down processing time. You may add additional loans on the Loan Summary Page, once you save the current loan you have just added.

Please note: The following file types are not suitable for being uploaded: jpg, doc, xls & tif. Password protected files are not acceptable and will disqualify the loan. Loan documents must be official and obtained directly from the lender/servicer. Copies of website versions are acceptable.

UPLOADED DOCUMENTS

You have not uploaded any documents yet.

UPLOAD DOCUMENT

Account Statement
Disbursement Report

no file selected

Supporting Documents

Select the document you would like to upload and then click "Upload". Once uploaded, documents will appear under the "Uploaded Documents" section. You may download a blank form to the corresponding document by clicking the title of the document in the "Additional Documents" section below

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 documents uploaded in the incorrect location may cause delays in processing your application.

*Application Essay: Please discuss your commitment to pursue a career in primary health care and how you plan on contributing to the mission of the NHSC in providing care to underserved communities.

Essays should be a maximum of two pages, with Times New Roman 12 font.

* National Board Scores: Dental students will be required to submit documentation verifying that they have passed Part I of the National Board Dental Examination.

Please Note: All information provided in the supporting documents and the online application must be consistent. Applications with discrepancies will not be considered for an award.

ADDITIONAL DOCUMENTS

- **Authorization to Release Information**
- **Verification of Good Standing Report**
- **Verification of Disadvantaged Background**

UPLOAD DOCUMENTS

Document Title	Document File	Status	Delete
Application essay document	**TEST DOCUMENT PDF.pdf**	Received	**delete**
Authorization to Release Information		Not Received	
CV/Resume		Not Received	
National Board Scores		Not Received	
Proof of US Citizenship		Not Received	
Unofficial Transcript		Not Received	
Verification of Disadvantaged Background		Not Received	
Verification of Good Standing Report		Not Received	

no file selected

LOAN DOCUMENTS

Servicing Lender & Account #	Document Title	Document File	Status
Access Group 12345	Account Statement	**TEST DOCUMENT PDF.pdf**	Received
Access Group 12345	Disbursement Report	**TEST DOCUMENT PDF.pdf**	Received

Self Certification

1. 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 the S2S LRP) 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; or
  - 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;

- Is presently indicted 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 the above statements do not apply to me. *

2. AUTHORIZATION FOR DISCLOSURE OF FINANCIAL INFORMATION:

Pursuant to the Rights to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the **statement of my RFPA rights**, I hereby authorize the government or financial institution named in item 1 and/or 9 on each Loan Details page to release financial records relating to educational loans(s) identified on the Loan Details page to the S2S LRP for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the S2S LRP. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed. *

3. APG CERTIFICATION:

I certify that I have read and understand the terms to the **2017 NHSC S2S LRP Application and Program Guidance (APG)** *

Review & Submit

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

Please Note: Do not submit your application until you are certain it is complete. You will not be able to edit your submitted application after the application deadline. After submission, your final application will be available to download, and print in PDF format on the Home page. All supporting documents will be listed on the Home page. All applications must be submitted by May 30, 2017 at 12:00 AM EDT.

Page Name	Status
Eligibility	Complete
General Information	Complete
Education	Complete
Letters of Recommendation	In Progress
Loans	Complete
Supporting Documents	Complete
Self-Certifications	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 loan repayment, 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)"

Password *

National Health Service Corps Students to Service Loan Repayment Program

Hello Jane,

You have submitted your 2017 National Health Service Corps Students to Service Loan Repayment Program online application!

Your Application Status is: **Submitted**

Application ID: **387960**

VIEW YOUR SUBMITTED APPLICATION

To edit your application or upload additional documentation, you may do so prior to the application deadline, **May 30, 2017 at 12:00 AM EDT**, by clicking **EDIT YOUR APPLICATION**. If the deadline has passed, the contents and status of your application is final and cannot be edited by you or the NHSC.

Important Note: By selecting the "Edit Your Application" button, you will reset the application and your application status reverts back to "In Progress" and must repeat the process to **resubmit** your application prior to the application deadline **May 30, 2017 at 12:00 AM EDT**, even if changes were not made. If you do not resubmit your application by the application deadline your application cannot be reviewed. If you would like to view a read-only copy of your full application, without the need to resubmit, please click the **VIEW YOUR SUBMITTED APPLICATION** button at the top of this page.

Edit Application

GENERAL SUPPORTING DOCUMENTS

Document Title	Document Name	Status
Application essay document	**TEST DOCUMENT PDF.pdf**	Received
Authorization to Release Information	**TEST DOCUMENT PDF.pdf**	Received
CV/Resume	**TEST DOCUMENT PDF.pdf**	Received
National Board Scores	**TEST DOCUMENT PDF.pdf**	Received
Proof of US Citizenship	**TEST DOCUMENT PDF.pdf**	Received
Unofficial Transcript	**TEST DOCUMENT PDF.pdf**	Received
Verification of Disadvantaged Background	**TEST DOCUMENT PDF.pdf**	Received
Verification of Good Standing Report	**TEST DOCUMENT PDF.pdf**	Received

LOAN SUPPORTING DOCUMENTS

Servicing Lender & Account #	Document Title	Document File	Status
Access Group 12345	Account Statement	**TEST DOCUMENT PDF.pdf**	Received
Access Group 12345	Disbursement Report	**TEST DOCUMENT PDF.pdf**	Received

National Health Service Corps Students to Service Loan Repayment Program

Congratulations! Your application has been identified as "eligible" for a 2017 National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP) award. This is not a guarantee of an award. To confirm your intent to accept this offer, please complete the following steps by the end of the day on **November 08, 2016**.

Your overall Application Status is: **Offered Award**

VIEW YOUR SUBMITTED APPLICATION

Step 1   Please review the following information. The **maximum award amount is $120,000**. If your qualifying debt exceeds the maximum, you will be funded $120,000. If any information is incorrect, please contact NHSC at 1-800-435-6464.

Verified Loan

Account / Loan Number	Loan Type	Servicer	Current Balance	Eligible Amount
1234567	Manual	Access Group	$100,000.00	$100,000.00
Total Approved For Repayment:	$100,000.00	Projected Award Disbursement:	$100,000.00	

Step 2   Please review the program guidelines and service requirements, as outlined in the 2017 **S2S LRP Program Guidance** 🔲 . Confirm or decline your intent to participate in S2S LRP below.

    I wish to be considered for the 2017 S2S LRP Award.

    I am no longer interested in receiving the 2017 S2S LRP Award. I understand that I will no longer be considered for an S2S LRP award.

Step 3   Please enter your banking information. This is used to deposit your loan repayment funds as a participant of S2S LRP. This should be the account you wish S2S LRP to deposit funds in.

Bank Name *

Account Type *

Routing Number * ℹ️

Re-enter Routing Number *

Account Number * ℹ️

Re-enter Account Number *

Your Name
123 Example Rd.
Your City, State, 12345

101

Date

Pay to the order of _____ $

Dollars

123456789 | 0012345678901

Routing Number   **Account Number**

Sign your Electronic Contract

* required field

This contract is not binding until countersigned by the Secretary of the Department of Health and Human Services or his/her designee.

View a printable version of the NHSC S2S contract

LEGAL NOTICE

Please read through the entire contract. Once you have finished, you will need to certify that your e-signature is legally binding. If you would like to print this contract, please select the link above to view and print the NHSC S2S LRP Contract.

CONTRACT

RESIDENCY

Please confirm whether you have applied to a Post Graduate Training Program.

Yes   No

CERTIFICATION

I certify that: I have read the above contract in its entirety and my electronic signature on this contract is intended to be the legally binding equivalent of my handwritten signature.
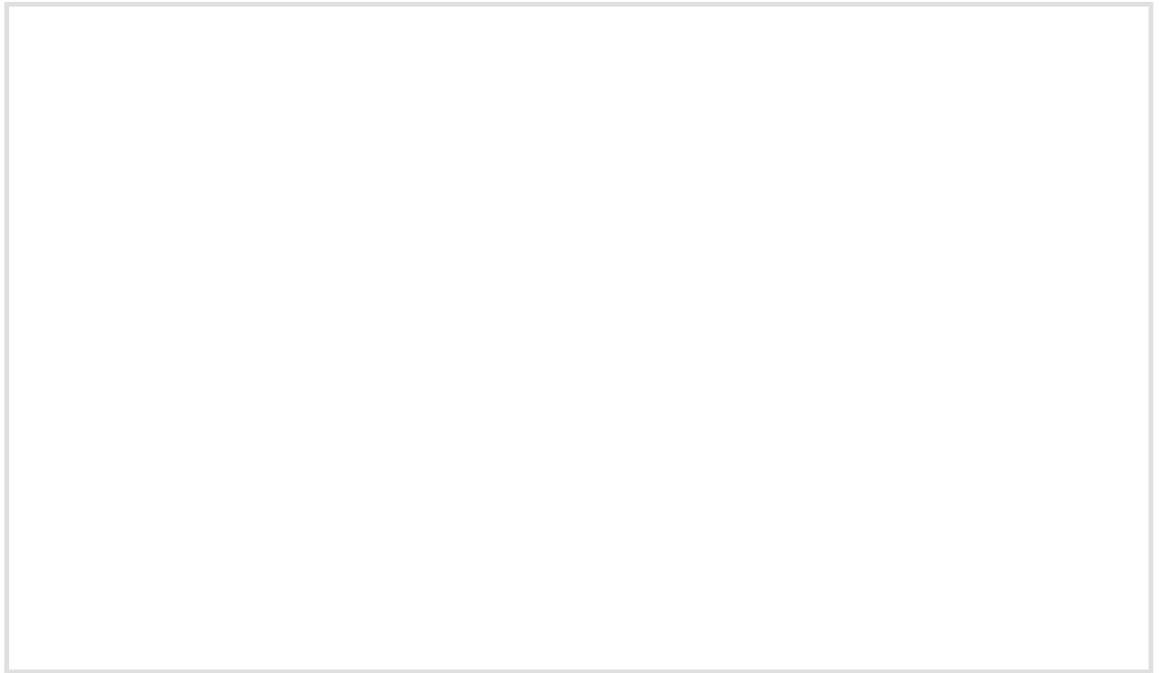
Yes   No

Sign your Electronic Contract

This contract is not binding until countersigned by the Secretary of the Department of Health and Human Services or his/her designee.

View a printable version of the NHSC S2S contract

LEGAL NOTICE

Please read through the entire contract. Once you have finished, you will need to certify that your e-signature is legally binding. If you would like to print this contract, please select the link above to view and print the NHSC S2S LRP Contract.

CONTRACT

CERTIFICATION

I certify that: I have read the above contract in its entirety and my electronic signature on this contract is intended to be the legally binding equivalent of my handwritten signature.

Yes   No

ENTER SIGNATURE INFORMATION

SSN *

Confirm SSN *

What is your favorite pet's name? *

Password *

Decline Offer of the S2S LRP Award

* required field

You have indicated that you are no longer interested in receiving the National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP) award. If this is not correct you may go back and change your answer.

Please indicate your reason for declining the
NHSC S2S LRP award. *

National Health Service Corps Students to Service Loan Repayment Program

Hello Jane,

You have confirmed your intent to accept the 2017 National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP) award. You are not guaranteed an award at this time. We will review the information you submitted as part of your acceptance to ensure completeness and accuracy.

Please wait for the NHSC S2S LRP to contact you regarding your award.

The NHSC uses your primary email address to communicate application status changes and requests for additional information regarding your application. Please ensure that we always have the most accurate contact information.

All awards will be made by January 31, 2017.

Your overall application status is: **Accepted Award - Under Final Review**

Your application ID is: **339039**

VIEW YOUR SUBMITTED APPLICATION

Your National Health Service Corps (NHSC) Students to Service Program signed contract

GENERAL SUPPORTING DOCUMENTS

Document Title	Document Name	Status
Application essay document	TEST DOCUMENT PDF.pdf	Received
Authorization to Release Information	TEST DOCUMENT PDF.pdf	Received
CV/Resume	TEST DOCUMENT PDF.pdf	Received
National Board Scores	TEST DOCUMENT PDF.pdf	Received
Proof of US Citizenship	TEST DOCUMENT PDF.pdf	Received
Uniformed Service/Existing Service Document	TEST DOCUMENT PDF.pdf	Received
Unofficial Transcript	TEST DOCUMENT PDF.pdf	Received
Verification of Disadvantaged Background	TEST DOCUMENT PDF.pdf	Received
Verification of Good Standing Report	TEST DOCUMENT PDF.pdf	Received

LOAN SUPPORTING DOCUMENTS

Servicing Lender & Account #	Document Title	Document File	Status
Access Group 1234567	Account Statement	TEST DOCUMENT PDF.pdf	Received
Access Group 1234567	Disbursement Report	TEST DOCUMENT PDF.pdf	Received