

Welcome to the BHW portal

I am ...

AN APPLICANT

[Applying for the NHSC Loan Repayment Program ▶](#)

[Applying for the NHSC Scholarship Program ▶](#)

[Applying for the NURSE Corps Scholarship Program ▶](#)

[Applying for the NURSE Corps Loan Repayment Program ▶](#)

[Applying for the Faculty Loan Repayment Program ▶](#)

[Applying for the Students to Service Loan Repayment Program ▶](#)

A PARTICIPANT

[In a Loan Repayment or Scholarship Program ▶](#)

A SITE POINT OF CONTACT, REPRESENTATIVE OR PCO

[A Site Administrator ▶](#)

[A State Primary Care Office Member ▶](#)

[A School Representative ▶](#)

[An Ambassador ▶](#)

INTERESTED IN LEARNING MORE

[About BHW ▶](#)

Message from webpage



You are accessing a U.S. Government information system, which includes

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

This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action, as well as civil and criminal penalties.

Personal use of social media on this system may result in disciplinary action unless otherwise authorized.

By using this information system, you understand and consent to the following:

You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information 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 information system.

The government may record and audit your information system usage, including usage of personal email systems to conduct HHS businesses.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

OK

Login

Please log in using the fields below:

Your Email *

Your Password *

[forgot your password?](#)

LOG IN

Create an Account

Not a registered user? [Create an account for the NHSC SP](#) ▶

Note: If you have previously registered to apply for NHSC 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 0915-0146 and the expiration date is 06/30/2017. Public reporting burden for this collection is estimated to average 4.5 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.

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](#).

[Login](#)

Create My Account

* required field

Please read the [2017 Application and Program Guidance](#) for eligibility criteria prior to creating an account to apply for the National Health Service Corps Scholarship Program.

Once you complete and submit the following information, an email message with a link to verify your email address will be sent to you. You will need to verify your email address within two (2) days to be able to login to your account.

First Name *

Last Name *

Middle Initial

Title

Suffix

Email *

Confirm Email *

Create Password *

Confirm Password *


Security Question *

Security Answer *

CREATE

Welcome to the BHW portal

I am ...



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

AN APPLICANT

- [Applying for the NHSC Loan Repayment Program ▶](#)
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- [Applying for the NURSE Corps Scholarship Program ▶](#)
- [Applying for the NURSE Corps Loan Repayment Program ▶](#)
- [Applying for the Faculty Loan Repayment Program ▶](#)
- [Applying for the Students to Service Loan Repayment Program ▶](#)

Activation Email

COMPOSE


Inbox (2)

Starred


Sent Mail

Drafts

More ▾

 Cindy ▾ +

Activate Your Application Account Inbox x

 **bmiss@voosh.de** <bmiss@voosh.de> 8:11 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:
<https://testbcrs.hrsa.gov:443/beta/extranet/generic/public/unlock.seam?c=jetovutebajilacellisogo>


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>

Welcome to the BHW portal


I am ...



Thank you. Your account is now enabled.

AN APPLICANT

- [Applying for the NHSC Loan Repayment Program ▶](#)
- [Applying for the NHSC Scholarship Program ▶](#)



NHSC SCHOLARSHIP PROGRAM APPLICATION

Login

Please log in using the fields below:

Your Email *

Your Password *

[forgot your password?](#)

LOG IN

The applicant will only see this page the first time. Documents linked on this page are also in the Supporting Documents section



NHSC Scholarship Program Application

WELCOME TO THE NHSC SCHOLARSHIP PROGRAM (NHSC SP) APPLICATION

Hello Cindy,

Thank you for your interest in the National Health Service Corps Scholarship Program (NHSC SP). Please be sure to carefully read the [2017 NHSC SP Application and Program Guidance \(APG\)](#) before starting the application. In order to submit your NHSC SP application, you must upload all supporting documentation.

Please gather and prepare electronic copies of all the required supporting documents before you begin the application. Within the online application you will also be required to submit one academic and one non-academic letter of recommendation. Instructions are provided in the "Letters of Recommendation" section of the online application.

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.

All of these documents can be uploaded online:

- Proof of U.S. Citizenship or U.S. National (the ID page of a current US passport, birth certificate, citizenship or naturalization certificate)
- [Authorization to Release Information](#)
- [Acceptance Report/Verification of Good Standing](#)
- Unofficial Transcript
- [Verification of Exceptional Financial Need \(if applicable\)](#)
- [Verification of Disadvantaged Background \(if applicable\)](#)
- Existing Service Obligation/Reserves Document (If Applicable)
- Three Essays
- CV/Resume
- Current Tuition and Fees Schedule

The online application consists of 9 sections listed below. The first two sections, "Assurances" and "Eligibility", determine your eligibility for an NHSC SP award based on your responses to the questions in these sections. You will not be able to continue with the application if you are determined to be ineligible for the program at this stage.

If you are deemed eligible to participate in the program, you will be able to save your information and move to the General Information section.

Please note: You will not be able to access the next section of the application until you have complete all the required fields in the previous section.

- Assurances
- Eligibility
- General Information
- Background Information
- Degree Information
- Letters of Recommendation
- Supporting Documents
- Self-Certification
- Review & Submit

Prior to submitting your application, you will have the opportunity to review it. Once your application has been submitted you will have the ability to edit it until the deadline. Your final application will be available to review, download and print.

Please note: If you edit your application, you must remember to resubmit it.

To ensure that your application is complete, please refer to the [2017 NHSC SP Application and Program Guidance](#)

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

The final submission date is August 19, 2017 at 2:08 PM EDT. Remember to log into the NHSC SP 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 0915-0146 and the expiration date is 06/30/2017. Public reporting burden for this collection is estimated to average 4.5 hours 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 10-33, Rockville, Maryland 20857.

[START MY APPLICATION](#)

Section 1 - Assurances

The screenshot shows the 'Assurances' section of the NHSC Scholarship Program Application. At the top left is the National Health Service Corps logo. The page title is 'NHSC SCHOLARSHIP PROGRAM APPLICATION'. Navigation links for 'Home', 'Account Settings', and 'Log Out' are in the top right. A progress bar below the header shows steps 1 through 9, with '1 Assurances' highlighted in orange. The main heading is 'Assurances' with a note '* required field'. The form contains four numbered questions, each with 'Accept' and 'Decline' radio button options. A 'SAVE & CONTINUE' button is at the bottom right.

NHSC SCHOLARSHIP PROGRAM APPLICATION

Home Account Settings Log Out

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information
6 Letters of Recommendation 7 Supporting Documents 8 Self Certification 9 Review & Submit

Assurances

* required field

1. I will provide one year of primary care services in an NHSC approved site in a health professional shortage area for each year or partial year of federal support provided, with a minimum 2-year full time service obligation. *

Accept Decline

2. My service will begin following graduation from the health professional training program that is being supported or after completion of an approved postgraduate training program and being permanently licensed in my profession. *

Accept Decline

3. If needed, I will relocate to another area based on the needs of the National Health Services Corps. (I understand that if I do not obtain a placement at an NHSC approved service site, the NHSC has the right to assign me to any NHSC-approved service site within the 50 United States, the District of Columbia, and its territories.) *

Accept Decline

4. I understand that if I fail to meet the NHSC's service requirements as stated above, I will be liable to pay the United States damages equaling 3 times the scholarship award amount plus interest as calculated by the Federal Government. *

Accept Decline

SAVE & CONTINUE

If Applicant declines one of the assurance questions, they will receive a Not Eligible screen and can return to the Application to make changes

The screenshot shows the 'Not Eligible' screen. It features the same header and navigation as the previous screen. The main heading is 'NHSC Scholarship Program Application'. The content area displays the applicant's name 'Cindy Smith' and states 'Your application status is: Not Eligible'. It explains that the applicant does not meet the 2017 NHSC Scholarship Program eligibility requirements and provides a 'Back to Application' button.

NHSC SCHOLARSHIP PROGRAM APPLICATION

Home Account Settings Log Out

NHSC Scholarship Program Application

Applicant Name: **Cindy Smith**

Your application status is: **Not Eligible**

Based on the answers you have provided in the previous section, you do not meet the 2017 NHSC Scholarship Program eligibility requirements.

Please select Back to Application if you wish to change your responses.

BACK TO APPLICATION



- 1 Assurances
- 2 Eligibility
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- 9 Review & Submit

Eligibility

* required field

1. Are you a US citizen or a US national? *

Yes No

2. Have you ever been dismissed, placed on probation, suspended, or voluntarily withdrawn from a health profession school for academic or disciplinary reasons? *

Yes No

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

Yes No

4. Have you defaulted on any Federal or non-Federal payment obligations or had any Federal or non-Federal debt written off as uncollectible? *

Yes No

5. Do you have an existing service obligation? *

Yes No

6. Have you defaulted on a service obligation to a federal, state, local government, or other entity or had a federal service/payment obligation waived? *

Yes No

7. Will you be enrolled as a full-time student during the 2017-2018 school year and will your class attendance begin on or before September 30, 2017? *

Yes No

8. Are you enrolled in a joint degree program? *

Yes No

SAVE & CONTINUE

Tool Tips and Drop Downs – Eligibility Section

#3

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

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.

or had any Federal or non-Federal debt written off

#4

4. Have you defaulted on any Federal or non-Federal payment obligations or had any Federal or non-Federal debt written off as uncollectible? *

Yes No

An applicant that has had any Federal or non-Federal debt written off as uncollectible may not be qualified to receive Federal financial assistance.

5. Do you have an ex

#5

Yes No

4. Have you defaulted on any Federal or non-Federal payment obligations or had any Federal or non-Federal debt written off as uncollectible? *

Yes No

5. Do you have an existing service obligation? *

Yes No

An applicant with an existing service obligation (State Loan Repayment Programs, NHSC Loan Repayment, etc.) are not eligible for an NHSC SP award unless the entity to which the obligation is owed provides a written statement that i) there is no potential conflict in fulfilling the NHSC SP obligation and the entity's obligation and ii) the NHSC SP obligation will be served first. Members of AccessKey Reserve component of the Armed Forces or National Guard are exempt.

#5 additional questions if the answer is yes

5. Do you have an existing service obligation? *

Yes No

Will it be completely satisfied on or before application submission? *

Yes No

Are you a uniformed service member or member of reserve corps? *

Yes No

#6

5. Do you have an existing service obligation? *

Yes No

6. Have you defaulted on a service obligation or had a service obligation/service/payment obligation waived? *

Yes No

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 may not be qualified to receive Federal financial assistance.

#8 additional question if the answer is yes.

8. Are you enrolled in a joint degree program? *

Yes No

Is the second degree a Master of Public Health? *

Yes No

SAVE & CONTINUE



- 1 Assurances
- 2 Eligibility
- 3 General Information
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- 5 Degree Information
- 6 Letters of Recommendation
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- 8 Self Certification
- 9 Review & Submit

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 *

DISADVANTAGED BACKGROUND

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

Yes No

EXCEPTIONAL FINANCIAL NEED

Have you ever received Federal support under the Scholarship Program for First-Year students of Exceptional Financial Need (EFN)? (If yes, you will be required to upload a supporting document) *

Yes No

HOW DID YOU HEAR ABOUT NHSC SCHOLARSHIP PROGRAM

How did you hear about the NHSC SP? * ▼

SAVE & CONTINUE

General Information Section Tool Tips and Drop Downs

EMAIL

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

Preferred *

Alternate

EMAIL

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

Preferred *

Alternate

SOCIAL SECURITY NUMBER

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

Preferred

Alternate

SSN *

Confirm SSN *

SOCIAL SECURITY NUMBER

SSN *

Confirm SSN *

DISADVANTAGED BACKGROUND

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

Yes No

An individual from a disadvantaged background is defined as someone who (1) comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged) OR (2) comes from a family with an annual income below a level based on low-income thresholds according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services (HHS) for adaptation to this program (Economically Disadvantaged).

DISADVANTAGED BACKGROUND

Has your school ever certified you as having a supporting document). *

Yes No

EXCEPTIONAL FINANCIAL NEED

Have you ever received Federal support under the Scholarship Program for First-Year students of Exceptional Financial Need (EFN)? (If yes, you will be required to upload a supporting document) *

Yes No

Applicants who have received a scholarship for students of Exceptional Financial Need (EFN) under former Section 758 of the Public Health Service Act (formerly 42 U.S.C. 294z) qualify for a funding priority (medical and dental students only). Applicants claiming EFN status must provide written documentation from their school's financial aid official affirming former participation in the EFN program.


HOW DID YOU HEAR ABOUT NHSC SCHOLARSHIP PROGRAM

How did you hear about the NHSC SP? *

- School or Faculty
- Work Site
- Friends
- Family
- Medical Conference
- Web Search
- Word of Mouth
- Other

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

Error Message if the applicant submits a Social Security Number assigned to another email address in the system. Most of the time the applicant has created another account in the past 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)

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- 4 **Background Information**
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- 8 Self Certification
- 9 Review & Submit

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

Name of Institution for Highest Education Received *

City *

Country *

State/Province/Region/Territory *

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

Section 5 – Degree Information

NOTE: School Search Button will become active (change color) after Discipline and Degree information are completed

NHSC SCHOLARSHIP PROGRAM APPLICATION

Home Account Settings Log Out

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Degree Information

** required field*

Your answers in the section should ONLY pertain to the degree or certificate program for which you are seeking an NHSC Scholarship Program award.

Provide your discipline, specialty and degree information then select the "Search School" button below to indicate the school you are attending for which you are requesting a scholarship. Additionally, please answer all other required fields regarding your education. If you change your discipline or specialty after selecting your school, you will need to reselect your school.

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

SCHOOL

Select the "Search School" button below to search for and indicate your school. If your school is not found you will be prompted to provide information to request that your school be added. The NHSC Scholarship Program staff will verify your school's accreditation and you will be notified of the result of the review.

Please note: Changing your school during the review process will put your application at risk of not being funded.

As of 09/30/2017, in what year of your health professions program will you be enrolled?

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 program?

What is your program end date?

What is your expected graduation date?

What is the length of your program?

Time left until completion of program

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2017-2018)	2 Years Full-Time
Up to 2 Full-Time School Years (2017-2019)	2 Years Full-Time
Up to 3 Full-Time School Years (2017-2020)	3 Years Full-Time
Up to 4 Full-Time School Years (2017-2021)	4 Years Full-Time

GPA

This is a non-standard GPA

GPA

Degree Information Section Drop downs

Disciplines

	PROFESSIONAL HEALTH DISCIPLINE	
	Discipline *	<input type="text" value="Select"/>
	Specialty	<input type="text" value="Dentist"/> <input type="text" value="Osteopathic Physician"/> <input type="text" value="Allopathic Physician"/> <input type="text" value="Certified Nurse Midwife"/> <input type="text" value="Nurse Practitioner"/> <input type="text" value="Physician Assistant"/>
	DEGREE	
	What degree or certification will you receive upon completion of your program? *	

Dentist Specialties

	PROFESSIONAL HEALTH DISCIPLINE	
	Discipline *	<input type="text" value="Dentist"/>
	Specialty	<input type="text" value="Select"/> <input type="text" value="Geriatrics"/> <input type="text" value="General Practice"/> <input type="text" value="Pediatrics"/> <input type="text" value="Public Health Dentistry"/>
	DEGREE	
	What degree or certification will you receive upon completion of your program? *	

Dentist Degrees

	PROFESSIONAL HEALTH DISCIPLINE	
	Discipline *	<input type="text" value="Dentist"/>
	Specialty	<input type="text" value="General Practice"/>
	DEGREE	<input type="text" value="Select"/> <input type="text" value="DDS"/> <input type="text" value="DMD"/>
	What degree or certification will you receive upon completion of your program? *	

Osteopathic Physician Specialties

	PROFESSIONAL HEALTH DISCIPLINE	
	Discipline *	<input type="text" value="Osteopathic Physician"/>
	Specialty	<input type="text" value="Select"/> <input type="text" value="Family Practice"/> <input type="text" value="Internal Medicine"/> <input type="text" value="OB/GYN"/> <input type="text" value="Pediatrics"/> <input type="text" value="Psychiatry"/> <input type="text" value="Family Practice w/OB"/> <input type="text" value="Internal Medicine - Geriatrics"/> <input type="text" value="Family Practice - Geriatrics"/> <input type="text" value="Psychiatry - Geriatrics"/>
	DEGREE	
	What degree or certification will you receive upon completion of your program? *	
	SCHOOL	
	Select the "Search School" button below to search for school. If school is not found you will be prompted to provide information to request that your school be added. The Intercampus Generalship Program staff will verify your	

Osteopathic Physician Degree

	PROFESSIONAL HEALTH DISCIPLINE	
	Discipline *	<input type="text" value="Osteopathic Physician"/>
	Specialty	<input type="text" value="Select"/>
	DEGREE	<input type="text" value="Select"/> <input type="text" value="DO"/>
	What degree or certification will you receive upon completion of your program? *	

Allopathic Physician Specialties

	PROFESSIONAL HEALTH DISCIPLINE	
	Discipline *	<input type="text" value="Allopathic Physician"/>
	Specialty	<input type="text" value="Select"/> <input type="text" value="Family Practice"/> <input type="text" value="Internal Medicine"/> <input type="text" value="OB/GYN"/> <input type="text" value="Pediatrics"/> <input type="text" value="Psychiatry"/> <input type="text" value="Family Practice w/OB"/> <input type="text" value="Internal Medicine - Geriatrics"/> <input type="text" value="Family Practice - Geriatrics"/> <input type="text" value="Psychiatry - Geriatrics"/>
	DEGREE	
	What degree or certification will you receive upon completion of your program? *	
	SCHOOL	
	Select the "Search School" button below to search for school. If school is not found you will be prompted to provide information to request that your school be added. The Intercampus Generalship Program staff will verify your	

Allopathic Physician Degree

	PROFESSIONAL HEALTH DISCIPLINE	
	Discipline *	<input type="text" value="Allopathic Physician"/>
	Specialty	<input type="text" value="Select"/>
	DEGREE	<input type="text" value="Select"/> <input type="text" value="MD"/>
	What degree or certification will you receive upon completion of your program? *	

Certified Nurse Midwife – There are no Specialties

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

Certified Nurse Midwife Degrees

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

Nurse Practitioner Specialties

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

Nurse Practitioner Degrees

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

SCHOOL

Select the "Search School" button below to search for your school. If your school is not found you will be prompted to provide information to request that your school be added. The NMSC Scholarship Program staff will verify your school information.

Physician Assistant Specialties

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

Physician Assistant Degrees

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

Search School button will light up after Discipline and Degree fields are completed

Degree Information

* required field

Your answers in the section should ONLY pertain to the degree or certificate program for which you are seeking an NHSC Scholarship Program award.

Provide your discipline, specialty and degree information then select the "Search School" button below to indicate the school you are attending for which you are requesting a scholarship. Additionally, please answer all other required fields regarding your education. If you change your discipline or specialty after selecting your school, you will need to reselect your school.

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

SCHOOL

Select the "Search School" button below to search for and indicate your school. If your school is not found you will be prompted to provide information to request that your school be added. The NHSC Scholarship Program staff will verify your school's accreditation and you will be notified of the result of the review.

Please note: Changing your school during the review process will put your application at risk of not being funded.

SEARCH SCHOOL

School Search Section



NHSC SCHOLARSHIP PROGRAM APPLICATION

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School Information

* required field

[Return to Degree Landing Page](#)

Please enter 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

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

Tool Tip on School Name

Please enter 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 Name *

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.

Error message if less than 4 characters are entered for school name

NATIONAL HEALTH SERVICE CORPS
NHSC SCHOLARSHIP PROGRAM APPLICATION

Home Account Settings Log Out

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.
State or Territory is a required field.

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

Example when the school name matches

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information
6 Letters of Recommendation 7 Supporting Documents 8 Self Certification 9 Review & Submit

School Information

** required field*

[Return to Degree Landing Page](#)

Please enter 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

Please select your school from the search results. 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."

	School Name	Address	City	State
Select	UNIVERSITY OF ALABAMA AT BIRMINGHAM	UNIV OF ALABAMA @ BIRMINGHAM 317 HILL UNIV CTR-HUC 69	BIRMINGHAM	AL
Select	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF HEALTH PROFESSIONS	430 SCHOOL OF HEALTH PROFESSIONS BUILDING 1707 UNVIRISITY BLVD. BIRMINGHAM AL	BIRMINGHAM	AL
Select	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF NURSING	1720 2ND AVE S	BIRMINGHAM	AL

[Click here if your school is not listed in the above search results](#)

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

If applicant clicks that there school is not listed in the search results

- 1 Assurances
- 2 Eligibility
- 3 General Information
- 4 Background Information
- 5 Degree Information
- 6 Letters of Recommendation
- 7 Supporting Documents
- 8 Self Certification
- 9 Review & Submit

School Information

* required field

[Return to Degree Landing Page](#)

Please enter 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 4

School Name	Address	City	State
Select AUBURN UNIV DEPT OF SPEECH		AUBURN	AL
Select AUBURN UNIV SCH OF PHARMACY	AUBURN UNIVERSITY, SCH OF PHAR 312 MARTIN HALL	AUBURN	AL
Select AUBURN UNIV SCH OF VET MED	AUBURN UNIV-VET MED 214 MARY MARTIN HALL	AUBURN	AL
Select AUBURN UNIVERSITY	217 WALKER BUILDING	AUBURN	AL
Select ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE	445 HEALTH SCIENCES BLVD.	DOTHAN	AL
Select BISHOP STATE COMMUNITY COLLEGE	351 NORTH BROAD STREET	MOBILE	AL
Select CALHOUN COMMUNITY COLLEGE	HIGHWAY 31 NORTH, PO BOX 2216	DECATUR	AL
Select CENTRAL ALABAMA COMMUNITY COLLEGE	34091 US HIGHWAY 280	CHILDERSBURG	AL
Select CHATTAHOOCHEE VALLEY COMMUNITY COLLEGE	2602 COLLEGE DRIVE	PHENIX CITY	AL
Select EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE ,AUBURN	910 S DONAHUE DRIVE	AUBURN	AL
Select FAULKNER STATE COMMUNITY COLLEGE	1900 HIGHWAY 31 SOUTH	BAY MINETTE	AL
Select FORTIS COLLEGE	3470 EASTDALE CIRCLE	MONTGOMERY	AL
Select GADSDEN STATE COMMUNITY COLLEGE	HELDERMAN HALL, 1001 GEORGE WALLACE DRIVE	GADSDEN	AL
Select JEFFERSON DAVIS JUNIOR COLL	JEFFERSON DAVIS JUNIOR COLL PO BOX 958	BREWTON	AL
Select JACKSONVILLE STATE UNIVERSITY - COLLEGE OF NURSING AND HEALTH SCIENCES	JACKSONVILLE STATE UNIV SCH OF NURSING	JACKSONVILLE	AL
Select JEFFERSON DAVIS COMMUNITY COLLEGE	PO BOX 958 220 ALCO DRIVE	BREWTON	AL
Select JEFFERSON STATE COMMUNITY COLLEGE	2601 CARSON ROAD	BIRMINGHAM	AL
Select LAWSON STATE COMMUNITY COLLEGE - BIRMINGHAM	3060 WILSON ROAD	BIRMINGHAM	AL
Select LURLEEN B. WALLACE COMMUNITY COLLEGE		OPP	AL
Select MOBILE COLLEGE		MOBILE	AL

1 2 3 4

[Click here if your school is not listed in the above search results – let me request a new school](#)

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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.

- [1 Assurances](#)
- [2 Eligibility](#)
- [3 General Information](#)
- [4 Background Information](#)
- [5 Degree Information](#)
- [6 Letters of Recommendation](#)
- [7 Supporting Documents](#)
- [8 Self Certification](#)
- [9 Review & Submit](#)

School Information

* required field

[Return to Degree Landing Page](#)

Please enter 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 4

School Name	Address	City	State
Select AUBURN UNIV DEPT OF SPEECH		AUBURN	AL
Select AUBURN UNIV SCH OF PHARMACY	AUBURN UNIVERSITY, SCH OF PHAR 312 MARTIN HALL	AUBURN	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 CALHOUN COMMUNITY COLLEGE	HIGHWAY 31 NORTH, PO BOX 2216	DECATUR	AL
Select CENTRAL ALABAMA COMMUNITY COLLEGE	34091 US HIGHWAY 280	CHILDERSBURG	AL
Select CHATTAHOOCHEE VALLEY COMMUNITY COLLEGE	2602 COLLEGE DRIVE	PHENIX CITY	AL
Select EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE ,AUBURN	910 S DONAHUE DRIVE	AUBURN	AL
Select FAULKNER STATE COMMUNITY COLLEGE	1900 HIGHWAY 31 SOUTH	BAY MINETTE	AL
Select FORTIS COLLEGE	3470 EASTDALE CIRCLE	MONTGOMERY	AL
Select GADSDEN STATE COMMUNITY COLLEGE	HELDERMAN HALL, 1001 GEORGE WALLACE DRIVE	GADSDEN	AL
Select JEFFERSON DAVIS JUNIOR COLL	JEFFERSON DAVIS JUNIOR COLL PO BOX 958	BREWTON	AL
Select JACKSONVILLE STATE UNIVERSITY - COLLEGE OF NURSING AND HEALTH SCIENCES	JACKSONVILLE STATE UNIV SCH OF NURSING	JACKSONVILLE	AL
Select JEFFERSON DAVIS COMMUNITY COLLEGE	PO BOX 958 220 ALCO DRIVE	BREWTON	AL
Select JEFFERSON STATE COMMUNITY COLLEGE	2601 CARSON ROAD	BIRMINGHAM	AL
Select LAWSON STATE COMMUNITY COLLEGE - BIRMINGHAM	3060 WILSON ROAD	BIRMINGHAM	AL
Select LURLEEN B. WALLACE COMMUNITY COLLEGE		OPP	AL
Select MOBILE COLLEGE		MOBILE	AL

1 2 3 4

[Click here if your school is not listed in the above search results – let me request a new school](#)



- 1 Assurances
- 2 Eligibility
- 3 General Information
- 4 Background Information
- 5 Degree Information
- 6 Letters of Recommendation
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- 9 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 NHSC 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. Please provide the accreditation information for your degree program. The NHSC Scholarship Program staff will verify your program's accreditation.

Discipline

Specialty

Degree/Certification

Degree Program Accreditation Body *

POINT OF CONTACT INFORMATION

Providing at least one point of contact for your degree program will help the NHSC 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 NHSC 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.

You may continue to complete other sections of your application while your school information is being verified.

[SAVE & CONTINUE](#)

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Drop Down for Accreditation Bodies

ACCREDITATION INFORMATION

We do not have current accreditation information for your degree program at your selected school. Please provide the accreditation information for your degree program. The NHSC Scholarship Program staff will verify your program's accreditation.

Discipline: Allopathic Physician
Specialty: Family Practice
Degree/Certification: MD

Degree Program Accreditation Body *

POINT OF CONTACT INFORMATION


Providing at least one point of contact for your school and degree information. Providing a point of contact is not mandatory, but all fields are required if they add one.

Point of Contact Type *	First Name
Select	

When you select "Save & Continue" a point of contact is required for your school and degree information. You will be notified when the review is complete.

- Select
- Accreditation Commission for Education in Nursing (ACEN)
- Accreditation Commission for Midwifery Education
- Accreditation Review Commission on Education for the Physician Assistant
- American Academy of Nurse Practitioners
- American College of Nurse-Midwives, Division of Accreditation (American Midwifery Certification Board)
- American Dental Association, Commission on Dental Accreditation
- American Nurses Credentialing Center
- American Osteopathic Association, Commission on Osteopathic College Accreditation
- Commission on Collegiate Nursing Education (CCNE)
- Council on Accreditation of Nurse Anesthesia Educational Programs
- Kansas State Board of Nursing
- Liaison Committee on Medical Education
- Maryland Board of Nursing
- Midwifery Education Accreditation Council
- Missouri State Board of Nursing
- National Commission on Certification of Physician Assistants
- National League for Nursing Accrediting Commission
- New York State Board of Regents, State Education Department, Office of the Professions (Nursing Education)
- North Dakota Board of Nursing
- Pediatric Nursing Certification Board

Adding a Point of contact is not mandatory, but all fields are required if they add one

 POC email address is a required field.
POC first name is a required field.
POC last name is a required field.
POC phone number is a required field.

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information
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Request New School or Degree
* required field



You have submitted a school not found request successfully.

- [1 Assurances](#)
- [2 Eligibility](#)
- [3 General Information](#)
- [4 Background Information](#)
- [5 Degree Information](#)
- [6 Letters of Recommendation](#)
- [7 Supporting Documents](#)
- [8 Self Certification](#)
- [9 Review & Submit](#)

Degree Information

* required field

Your answers in the section should ONLY pertain to the degree or certificate program for which you are seeking an NHSC Scholarship Program award.

Provide your discipline, specialty and degree information then select the "Search School" button below to indicate the school you are attending for which you are requesting a scholarship. Additionally, please answer all other required fields regarding your education. If you change your discipline or specialty after selecting your school, you will need to reselect your school.

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Specialty

DEGREE

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

SCHOOL

Select the "Search School" button below to search for and indicate your school. If your school is not found you will be prompted to provide information to request that your school be added. The NHSC Scholarship Program staff will verify your school's accreditation and you will be notified of the result of the review.

Please note: Changing your school during the review process will put your application at risk of not being funded.

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 at Birmingham
230 University Circle
Birmingham, AL 36201

Want to Cancel Your Request?

[Cancel Review Request](#)

As of 09/30/2017, in what year of your health professions program will you be enrolled?

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 program?

What is your program end date?

What is your expected graduation date?

What is the length of your program?

Time left until completion of program

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2017-2018)	2 Years Full-Time
Up to 2 Full-Time School Years (2017-2019)	2 Years Full-Time
Up to 3 Full-Time School Years (2017-2020)	3 Years Full-Time
Up to 4 Full-Time School Years (2017-2021)	4 Years Full-Time

GPA

This is a non-standard GPA

GPA

[SAVE & CONTINUE](#)

Tool Tip for program year enrolled

As of 09/30/2017, in what year of your health professions program will you be enrolled?

This does not pertain to completed degree program(s) as of 09/01/2017.

A Start and End date section will appear after applicant completes the program date section

As of 09/30/2017, in what year of your health professions program will you be enrolled? Third

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 program? 08/27/2015

What is your program end date? 05/25/2019

What is your expected graduation date? 06/05/2019

What is the length of your program? 4 years

Time left until completion of program 2 years

Start and End Dates


Please enter the start date, end date, and if you are requesting funding for each year you have left until your program is completed. The system will populate a start date, end date, and checkbox to indicate funding requested for each year you have left in your application. (For example, if your Time Left Until Completion of Program = 3, there will be 3 start dates, end dates, and checkboxes for each year).

Please note: The NHSC SP will only provide scholarship support for a maximum of 4 years. The years you are requesting funding must be full consecutive school years, except for the final year which can be less than a full school year. Additionally, Start and End Dates for each year of your program must coincide with the NHSC SP fiscal year which is between July 1st and June 30th.

Year 1 Start Date 08/28/2017 Year 1 End Date 06/25/2018
 I am requesting funding for year 1

Year 2 Start Date 07/06/2018 Year 2 End Date 05/25/2019
 I am requesting funding for year 2

Screen Applicant sees when they log back into their in process application



NHSC SCHOLARSHIP PROGRAM APPLICATION

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

NHSC Scholarship Program Application

Hello Cindy,

Welcome back to the National Health Service Corps (NHSC) Scholarship Program (SP) online application!

Your overall application status is: **In Progress**

Your application ID is: **370476**

You will be asked for your application ID for any program or technical support needed.

Application Deadline: **August 19, 2017 at 2:08 PM EDT**

Please select Continue to resume filling out the online application.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	In Progress
Letters of Recommendation	Not Started
Supporting Documents	Not Started
Self Certification	Not Started
Review & Submit	Not Started

[CONTINUE](#)

OMB No. 09-15-01-46 Expiration Date: 06/30/2017

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

[Privacy Policy](#) | Version 10.0.1



- [1 Assurances](#)
- [2 Eligibility](#)
- [3 General Information](#)
- [4 Background Information](#)
- [5 Degree Information](#)
- [6 Letters of Recommendation](#)
- [7 Supporting Documents](#)
- [8 Self Certification](#)
- [9 Review & Submit](#)

Letters of Recommendation

* required field

All letter of recommendations must be completed online. It is your responsibility to ensure that both recommendations are submitted by the application deadline. You will not be able to submit your NHSC SP application until both recommendations are completed. You will be able to continue to the next page of the application after both requests are sent to your recommenders. 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 when 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 (August 19, 2017 at 2:08 PM EDT) or once you submit your application, whichever comes first.

ACADEMIC LETTER OF RECOMMENDATION

If you are currently enrolled in the health professions training program, the letter should be from your Department Chair, Faculty Advisor or a Faculty Member of your academic program who know you well and can attest to your qualifications. If you have not begun the training associated with this scholarship as indicated in this online application, the letter should be from the Department Chair, Faculty Advisor, or a Faculty Member of your most recent academic program. The letter of recommendation must be on an official letterhead or signed and dated by the recommender.

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 your professional, community, and/or civic activities, especially those related to underserved communities. The recommender can be an employer or previous employer, community leader, colleague, or anyone who can attest to your interest and motivation to provide care to underserved communities. The letter of recommendation must be on an official letterhead or signed and dated by the recommender.

Status: Not Started

Recommender Title *

First Name *

Last Name *

Email *

[Request Recommendation](#)

[SAVE & CONTINUE](#)

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If the applicant enters their own email or a contact email submitted elsewhere in the application

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

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information
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If both recommenders have the same email address

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

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information
6 Letters of Recommendation 7 Supporting Documents 8 Self Certification 9 Review & Submit

Email to Recommender (Academic)

Inbox (2)
Starred
Sent Mail
Drafts
More ▾

C Cindy ▾ +

? bmiss@voosh.de <bmiss@voosh.de> 4:00 PM (3 minutes ago) ☆

to me ▾

Dear Dr. Steve Cobb,

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

In order to complete this recommendation, please select the following link:
<https://testbcrs.hrsa.gov:443/beta/extranet/application/nhscsp/upload-letter.seam?requestId=3704761489435207724>

Once you have navigated to the letter of recommendation page, please confirm that all of the information is accurate for both you and the applicant. You will have the ability to electronically upload the letter of recommendation. Please note that the applicant will not be allowed to submit their finalized application until your recommendation has been submitted to the NHSC. All Letters of Recommendations must be on letterhead or signed and dated by the recommender.

If you have any questions, please contact the Customer Care Center at [1-800-221-9393](tel:1-800-221-9393) (TTY: [1-877-897-9910](tel:1-877-897-9910)) Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET.

Sincerely,
National Health Service Corps Scholarship Program

Email to Recommender (Non Academic)

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

? bmiss@voosh.de <bmiss@voosh.de> 4:02 PM (0 minutes ago) ☆

to me ▾

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) National Health Service Corps (NHSC) Scholarship Program.

In order to complete this recommendation, please select the following link:
<https://testbcrs.hrsa.gov:443/beta/extranet/application/nhscsp/upload-letter.seam?requestId=3704761489435374571>

...

Click here to [Reply](#), [Reply to all](#), or [Forward](#)



Instructions for Uploading a Letter of Recommendation

Please upload your letter of recommendation as soon as possible. The applicant cannot submit his/her application until the letters of recommendation are uploaded. You will not be able to upload your letter of recommendation after the application deadline (August 19, 2017 at 2:08 PM EDT) has passed.

Please review your contact information and update it if necessary. Once the application closes, this page will expire. If you have any questions, please contact the Customer Care Center at 1-800-221-9393. The recommendation letter MUST include the following:

- Student's first initial, last name, and Application ID;
- Student's discipline;
- Your Name (Printed);
- Your Title or Organization;
- Your Address (unless already on letterhead);
- Signature;
- A description of your relationship to the student and the length of time you have known the student;
- A discussion of the following points:
 - The student's education/work achievements,
 - The student's ability to work and communicate constructively with other people, and
 - Your assessment of the student's particular characteristics, interest and motivation to serve populations in areas of greatest need in health professional shortage areas. This assessment should include your knowledge of the student'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	370476	NHSC Scholarship Program	cstest1530@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 *

SUBMIT LETTER OF RECOMMENDATION



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

Email to applicant when Letter of Recommendation is submitted

COMPOSE

Inbox (2)
Starred
Sent Mail
Drafts
More ▾

C Cindy ▾ **+**

Letter of Recommendation Uploaded

Inbox x   


? bmiss@voosh.de <bmiss@voosh.de> 4:08 PM (14 minutes ago) ☆  

to me ▾



Dear Cindy Smith,

Your letter of recommendation request has been completed by Dr. Steve Cobb. Once both letters of recommendation have been completed, you will be able to submit your application.

Sincerely,
National Health Service Corps Scholarship Program



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

? bmiss@voosh.de <bmiss@voosh.de> 4:22 PM (3 minutes ago) ☆  

to me ▾

Dear Cindy Smith,

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

...



- 1 Assurances
- 2 Eligibility
- 3 General Information
- 4 Background Information
- 5 Degree Information
- 6 Letters of Recommendation
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- 9 Review & Submit

Supporting Documents

* required field

Select the document type you would like to upload, select browse and then select "Upload". All documents are required in order to select "Continue." When 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 documents uploaded in the incorrect location may cause delays in processing your application.

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.

ESSAY QUESTIONS

How will you contribute to the mission of the National Health Service Corps in providing care to underserved communities?

What experiences have you had or activities have you participated in that have prepared you to work with underserved populations?

Please discuss your commitment to pursue a career in primary health care.

Essays should be limited to 2,500 characters or less in Times New Roman 12 font.

TEMPLATE DOCUMENTS

Please use the following document templates for the corresponding supporting documents. You will need to print and complete the forms, obtain the required signatures, and scan them in order to upload.

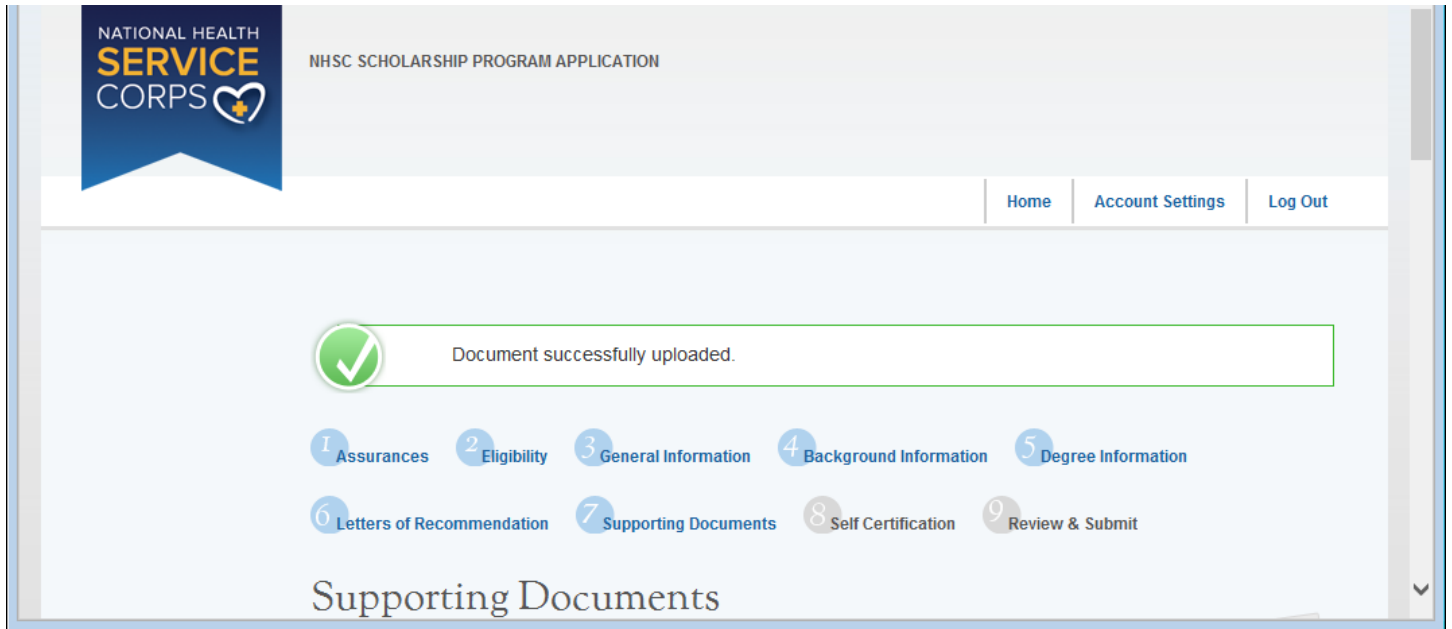
- [Authorization to Release Information](#)
- [Acceptance Report/Verification of Good Standing](#)
- [Verification of Exceptional Financial Need \(if applicable\)](#)
- [Verification of Disadvantaged Background \(if applicable\)](#)

UPLOAD DOCUMENTS

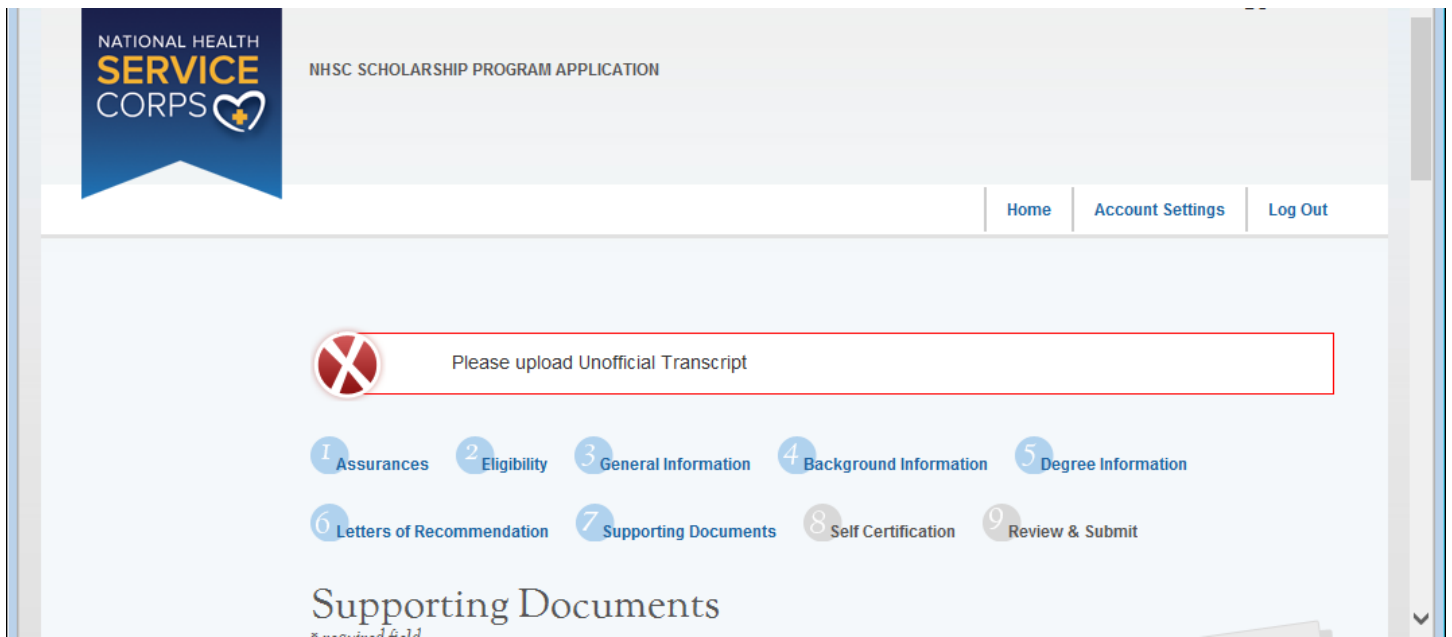
List of supporting documents.

Document Title	Document File	Status	Delete
<input type="radio"/> Acceptance Report/Verification of Good Standing		Not Received	
<input type="radio"/> Authorization to Release Information		Not Received	
<input type="radio"/> Current Year Tuition and Fees Schedule		Not Received	
<input type="radio"/> Essay 1		Not Received	
<input type="radio"/> Essay 2		Not Received	
<input type="radio"/> Essay 3		Not Received	
<input type="radio"/> Proof of Citizenship		Not Received	
<input type="radio"/> Resume/CV		Not Received	
<input type="radio"/> Unofficial Transcript		Not Received	

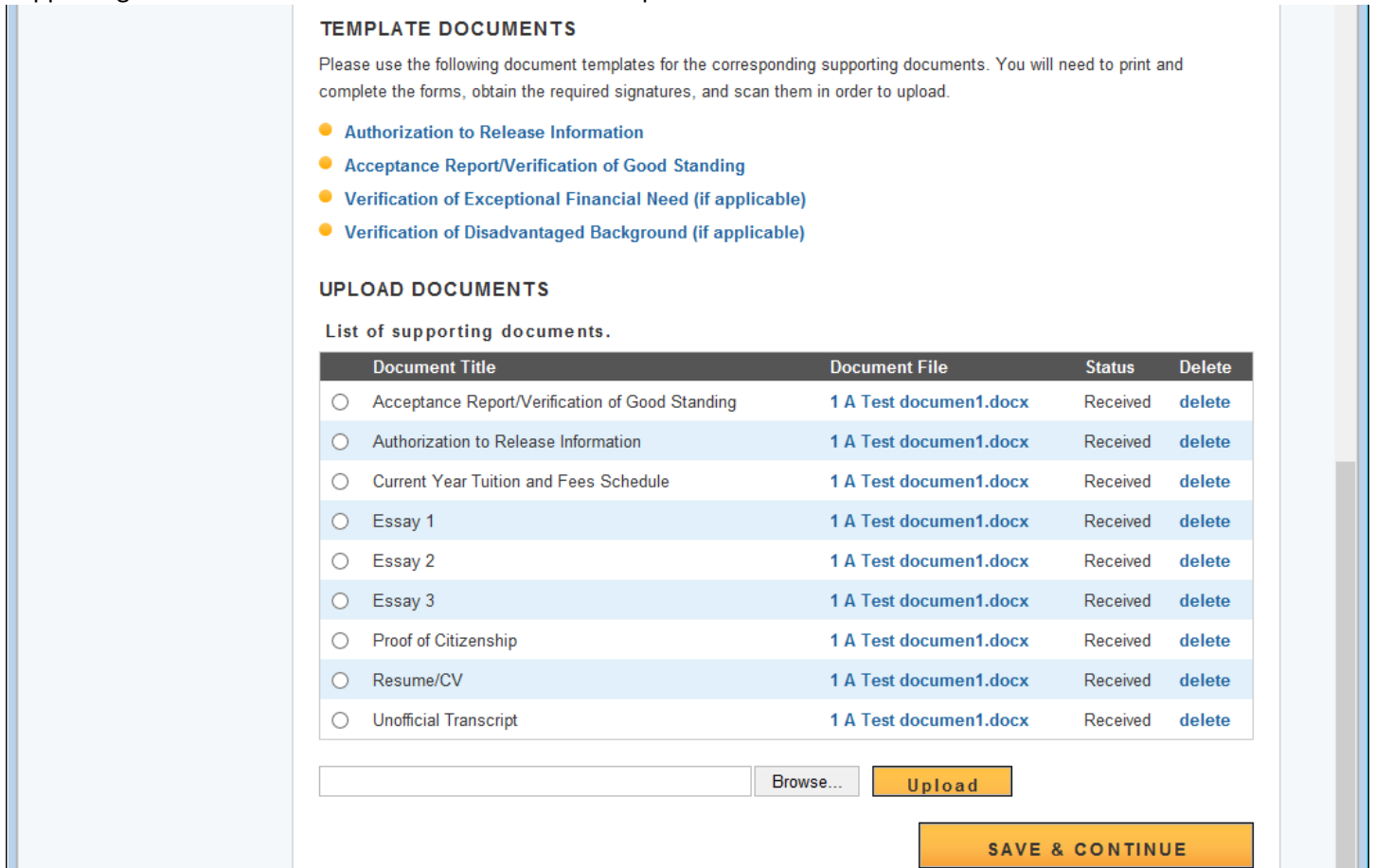
Message indicating document upload was successful



Alert if an applicant does not upload all documents and tries to submit



Supporting Document Section when all documents are uploaded



Section 8 – Self-Certification

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

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information
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Self Certification

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 NHSC SP) 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. *

I certify that I have read and understand the terms of the [2017 NHSC SP Application and Program Guidance](#) *

SAVE & CONTINUE

Section 9 - Review and Submit

1 Assurances 2 Eligibility 3 General Information 4 Background Information 5 Degree Information
6 Letters of Recommendation 7 Supporting Documents 8 Self Certification 9 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 NHSC SP application is August 19, 2017 at 2:08 PM EDT.

Page Name	Status
Assurances	Complete
Eligibility	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 will see this screen when they submit and every time they log back in.



NHSC SCHOLARSHIP PROGRAM APPLICATION

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

NHSC Scholarship Program Application

Hello Cindy,

You have submitted your 2017 National Health Service Corps (NHSC) Scholarship Program online application and all required supporting documents!

Your overall application status is: **Submitted**

Your application ID is: **370476**

School Name: **University of Alabama Birmingham**

Discipline: **Allopathic Physician**

Number of funding years requested: **2**

[View your submitted application](#)

Take a few moments to review your application to ensure that your responses accurately reflect your intent and that ALL your supporting documents are complete. Applications that are incomplete, or that have missing or ineligible documents will not be reviewed or considered for an award. For further guidance, please refer to the [2017 NHSC Scholarship Program Application and Program Guidance](#).

If you wish to make changes to your application or upload other documents, you may do so prior to the application deadline (**August 19, 2017 at 2:08 PM EDT**), by clicking the Edit Application button below.

Important Note: Selecting to edit your application will automatically un-submit your application. Once you have made edits, you **MUST** follow the steps to resubmit your application before the application deadline (**August 19, 2017 at 2:08 PM EDT**). If you would like to view a read-only copy of your application, without having to resubmit, please click the View Your Submitted Application button at the top of this page.

[Edit Application](#)

If you are no longer interested in the 2017 NHSC 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 August 19, 2017 at 2:08 PM 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
Acceptance Report/Verification of Good Standing	1 A Test documen1.docx	Received
Authorization to Release Information	1 A Test documen1.docx	Received
Current Year Tuition and Fees Schedule	1 A Test documen1.docx	Received
Essay 1	1 A Test documen1.docx	Received
Essay 2	1 A Test documen1.docx	Received
Essay 3	1 A Test documen1.docx	Received
Proof of Citizenship	1 A Test documen1.docx	Received
Resume/CV	1 A Test documen1.docx	Received
Unofficial Transcript	1 A Test documen1.docx	Received

If an applicant selects Edit Application, they will receive an alert before they can proceed.

NHSC Scholarship Program Application

Hello Cindy,

You have submitted your 2017 National Health Service Corps (NHSC) Scholarship Program online application and all required supporting documents!

Your overall application status is: **Submitted**

Your application ID is: **370476**

School Name: **University of Alabama Birmingham**

Discipline: **Allopathic Physician**

Number of funding years requested: **2**

View your submitted application

Take a few minutes to review your application. You will need to resubmit your application once you choose to "Edit Application". If you click "Cancel" no changes will be made to your application.

If you wish to edit your application, you must do so prior to the application deadline (August 19, 2017 at 2:08 PM EDT). If you click "Edit Application", you will be asked to confirm your changes. Once you have made edits, you must resubmit your application. Once you have made edits, you must resubmit your application (August 19, 2017 at 2:08 PM EDT). If you click "Cancel", you would like to view a read-only copy of your application, without having to resubmit, please click the View Your Submitted Application button.

CANCEL **EDIT APPLICATION**

If applicant edits an application, they will have to Self Certify, and Review and Submit again

NHSC Scholarship Program Application

Hello Cindy,

Welcome back to the National Health Service Corps (NHSC) Scholarship Program (SP) online application!

Your overall application status is: **In Progress**

Your application ID is: **370476**

You will be asked for your application ID for any program or technical support needed.

Application Deadline: **August 19, 2017 at 2:08 PM EDT**

Please select Continue to resume filling out the online application.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	Complete
Letters of Recommendation	Complete
Supporting Documents	Complete
Self Certification	Not Started
Review & Submit	Not Started

CONTINUE

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