



## NHSC SCHOLARSHIP PROGRAM APPLICATION

### Login

Please log in using the fields below:

Your Email \*

Your Password \*

[Forgot your password?](#)

**LOGIN**

### 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 currently valid OMB control number. The OMB control number for this project is 0915-0146 and the expiration date is 07/31/2020. Public reporting burden for this collection of information is estimated to average .6 hours per response, including the time for reviewing instructions, searching existing data sources, 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 Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

### Questions?



For more information or questions please:

- Refer to the [Portal FAQ](#)
- Contact the BHW Customer Care Center at **1-800-221-9393**
- Use TTY for hearing impaired: **1-877-897-9910**

Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or [Contact Us](#).

**Public Burden Statement:** The purpose of the NHSC SP, NHSC S2S LRP, and the NHHSP is to provide scholarships or loan repayment to qualified students who are pursuing primary care health professions education and training. In return, students agree to provide primary health care services at approved facilities located in designated Health Professional Shortage Areas (HPSAs) once they are fully trained and licensed health professionals. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0146 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (NHSC SP: Section 338A of the PHS Act and Section 338C-H of PHS Act; NHSC S2S LRP: Section 338B of the PHS Act and Section 331(i) of the PHS Act; NHHSP: The Native Hawaiian Health Care Improvement Act of 1992, as amended [42 U.S.C. 11709]. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, 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 Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Message from webpage



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

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

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The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

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

OK

Welcome to the BHW portal



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

Compose

- Inbox 8
- ★ Starred
- 🕒 Snoozed
- ▶ Sent
- 📧 Drafts

Cindy +



No recent chats  
Start a new one

Activate Your Application Account Inbox x



**bmiss@voosh.de** <bmiss@voosh.de>  
to me

7:13 AM (1 minute ago) ☆ ↶ ⋮

Dear Applicant,

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

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

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>

↶ Reply

➡ Forward

Welcome to  
the **BHW**  
portal



Thank you. Your account is now enabled.



NHSC SCHO

hrsangenapp1trn.nih.gov:8580 says

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

OK



# 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 [2020 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 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 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:** If you edit your application, you must remember to resubmit it.

To ensure that your application is complete, please refer to the [2020 NHSC SP Application and Program Guidance](#).

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

The final submission date is May 15, 2020 at 7:30 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 07/31/2020. Public reporting burden for this collection is estimated to average 0.6 hour(s) 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 Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857

[START MY APPLICATION](#)



- 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**

OMB No. 0915-0146 Expiration Date: 07/31/2020

Happy path

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

## Assurances

\* required field

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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. \*

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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**

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If the applicant Declines any of the Assurance questions



## 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 2020 NHSC Scholarship Program eligibility requirements.

Please select [Back to Application](#) if you wish to change your responses.

[BACK TO APPLICATION](#)

- 1 Assurances
- 2 Eligibility**
- 3 General Information
- 4 Background Information
- 5 Degree Information
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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 2020-2021 school year and will your class attendance begin on or before September 30, 2020? \*

Yes  No

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

Yes  No

**SAVE & CONTINUE**

Basic Happy Path without additional question expansions on questions 5 & 8

## 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 2020-2021 school year and will your class attendance begin on or before September 30, 2020? \*

Yes  No

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

Yes  No

**SAVE & CONTINUE**

### Section 2 Eligibility – Tool tips and Question Expansions

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. 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 existing service obligation? \* ?

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.

to a federal, state, local government, or other entity or had a federal

during the 2020-2021 school year and will your class attendance begin on or

5. Do you have an existing service obligation? \* i

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. 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 before September 30, 2020? \*

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

Yes  No

Is the second degree a Master of Public Health? \*

Yes  No

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## 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 \*

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

### HOW DID YOU HEAR ABOUT NHSC SCHOLARSHIP PROGRAM

How did you hear about the NHSC SP? \*

SAVE & CONTINUE

### Section 3 General Information Tool tips and Drop downs

**EMAIL**  
Preferred \*  cstest1530@gmail.com

**EMAIL**  
Preferred \*  
Alternate 

**SOCIAL SECURITY NUMBER**  
SSN \* 

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

**DISADVANTAGED BACKGROUND** 

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? (If yes, you will be required to upload a

**NHSC SCHOLARSHIP PROGRAM**

SAVE & CONTINUE

**HOW DID YOU HEAR ABOUT NHSC SCHOLARSHIP PROGRAM**

How did you hear about the NHSC SP? \*

Select

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

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SAVE & CONTINUE

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

## 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**



- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

## 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 09/30/2020, 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 (2020-2021)	2 Years Full-Time
Up to 2 Full-Time School Years (2020-2022)	2 Years Full-Time
Up to 3 Full-Time School Years (2020-2023)	3 Years Full-Time
Up to 4 Full-Time School Years (2020-2024)	4 Years Full-Time

### GPA

This is a non-standard GPA

GPA \*

SAVE & CONTINUE

# 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? \*

## PROFESSIONAL HEALTH DISCIPLINE

Discipline \*

Specialty

**DEGREE**

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

## PROFESSIONAL HEALTH DISCIPLINE

Discipline \*

Specialty

**DEGREE**

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

## 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 school. If no school is found you will be prompted to provide information to request that your school be added to the program. Program staff will verify your school's accreditation and you will be notified of the result of the search.

## PROFESSIONAL HEALTH DISCIPLINE

Discipline \*

Specialty

**DEGREE**

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

## 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 to provide information to request that your school be accredited and you will be notified of the result of the

- Select
- Select
- Family Practice
- Internal Medicine
- OB/GYN
- Pediatrics
- Psychiatry
- Family Practice w/OB
- Internal Medicine - Geriatrics
- Family Practice - Geriatrics
- Psychiatry - Geriatrics

school is not found you will be prompted program staff will verify your school's

**PROFESSIONAL HEALTH DISCIPLINE**

Discipline \*

Specialty

**DEGREE**

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

**SCHOOL**

- Select
- Select
- MD

**PROFESSIONAL HEALTH DISCIPLINE**

Discipline \*

Specialty

**DEGREE**

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

- Select
- Select
- None

**PROFESSIONAL HEALTH DISCIPLINE**

Discipline \*

Specialty

**DEGREE**

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

**SCHOOL**

- Select
- Select
- Master's
- Post-Master's Certificate

**PROFESSIONAL HEALTH DISCIPLINE**

Discipline \*

Specialty

**DEGREE**

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

**SCHOOL**

- Select
- Select
- Adult
- Family Practice
- Geriatrics
- Pediatrics
- Psychiatry
- Womens Health

### 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.

- Select
- Select
- Master's
- Post-Master's Certificate
- Doctor of Nursing Practice (DNP)
- Master's (Bridge)
- Master's (Direct Entry)

### 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

- Select
- Select
- Adult
- Family Practice
- Geriatrics
- Pediatrics
- Womens Health
- Psychiatry

### PROFESSIONAL HEALTH DISCIPLINE

Discipline \*

Specialty

### DEGREE

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

### SCHOOL

- Select
- Select
- Master's
- Post-Master's Certificate

Once the discipline and degree information is selected, the Search School button will highlight.

### 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.

Clicking the Search school button will take the applicant to the School Information page



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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: 07/31/2020

Please provide your school information in the fields below.

School Name \* ?

State or Territory  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.

School City

\* 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 \* [i](#)

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
<a href="#">Select</a>	UNIVERSITY OF ALABAMA AT BIRMINGHAM	1707 UNIVERSITY BLVD 430 SCHOOL OF HEALTH PROFESSIONS BUILDING	BIRMINGHAM	AL
<a href="#">Select</a>	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF DENTISTRY	1530 3RD AVENUE S. SDB 406	BIRMINGHAM	AL
<a href="#">Select</a>	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF HEALTH PROFESSIONS	701 S 20TH ST	BIRMINGHAM	AL
<a href="#">Select</a>	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF MEDICINE	1670 UNIVERSITY BLVD	BIRMINGHAM	AL
<a href="#">Select</a>	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](#)

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School/degree not in system



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.

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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**

To ensure your school is not already in our system, review the list of all schools within the selected state. If your school has multiple entries, please check the address information to ensure you are selecting the correct campus. If your school is not in the list of results provided, select "Click here if your school is not listed in the above search results to request a new school".

1 2 3

	School Name	Address	City	State
Select	ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE	445 HEALTH SCIENCES BLVD.	DOTHAN	AL
Select	ALABAMA STATE UNIVERSITY	PO BOX 271	MONTGOMERY	AL
Select	AUBURN UNIVERSITY - SCHOOL OF NURSING	710 S. DONAHUE DR.	AUBURN	AL
Select	NORTHEAST ALABAMA COMMUNITY COLLEGE	PO BOX 159 138 HIGHWAY 35 WEST	RAINSVILLE	AL
Select	NORTHWEST-SHOALS COMMUNITY COLLEGE	2080 COLLEGE ROAD	PHIL CAMPBELL	AL
Select	OAKWOOD UNIVERSITY	7000 ADVENTIST BLVD.	HUNTSVILLE	AL
Select	REID STATE TECHNICAL COLLEGE	165 AND HIGHWAY 83	EVERGREEN	AL
Select	SAMFORD UNIVERSITY - SCHOOL OF NURSING	800 LAKESHORE DRIVE	HOMEWOOD	AL

1 2 3

[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](#)
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- [5 Degree Information](#)
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## 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](#)

OMB No. 0915-0148 Expiration Date: 07/31/2020

## 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 \*

Select

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)

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 (Nursi

North Dakota Board of Nursing

## POINT OF CONTACT INFORMATION

Providing at least one point of contact for your school and degree information. Providing

Point of Contact Type

First Name

Select

When you select "Save & Continue" a request for school and degree information. You will be notified by email with a decision about the accreditation eligibility of your school when



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You have submitted a school not found request successfully.

1 Assurances

2 Eligibility

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4 Background Information

5 Degree Information

After applicant has submitted a SNF request, the school section will look like this

Activate Your Application Account x Degree Information - NHSC Sch... x +

Not secure | hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/degree-info.seam... ☆

Easy Copy | Accessed: 2020-05-04 08:19 | Environment: TRN | Node: APP1TRN | Build Date: 2020-04-10 19:36 | DB Name: TRN\_BMISS\_CORE | DB Build Date: 04/28/2020

### 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  
201 College Circle  
Mobile, AL 12345

**Want to Cancel Your Request?**

**Cancel Review Request**

Activate Your Application Account x Degree Information - NHSC Sch... x +

Not secure | hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/degree-info.seam?ci... ☆

Easy Copy | Accessed: 2020-05-04 08:21 | Environment: TRN | Node: APP1TRN | Build Date: 2020-04-10 19:36 | DB Name: TRN\_BMISS\_CORE | DB Build Date: 04/28/2020

As of 09/30/2020, in what year of your health professions program will you be enrolled? \*

This does not pertain to completed degree program(s) as of 09/01/2020.

Do you pay resident or non-resident tuition? \*

Resident (In State)  Non-Resident (Out of State)

hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/degree-info.seam?cid=44#tooltip-lien

Activate Your Application Account x Degree Information - NHSC Sch... x +

Not secure | hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/degree-info.seam?ci... ☆

Easy Copy | Accessed: 2020-05-04 08:21 | Environment: TRN | Node: APP1TRN | Build Date: 2020-04-10 19:36 | DB Name: TRN\_BMISS\_CORE | DB Build Date: 04/28/2020

As of 09/30/2020, in what year of your health professions program will you be enrolled? \*

Do you pay resident or non-resident tuition? \*

What is the date you started or will start the program? \*

Select  
Select  
First  
Second (In State)  Non-Resident (Out of State)  
Third  
Fourth  
Fifth  
Sixth

After Program dates fields are completed, the Program Year section generates based on their responses

Activate Your Application Account x Degree Information - NHSC Sch x +

Not secure | hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/degree-info.seam?ci... ☆

Easy Copy | Accessed: 2020-05-04 08:21 | Environment: TRN | Node: APP1TRN | Build Date: 2020-04-10 19:36 | DB Name: TRN\_BMISS\_CORE | DB Build Date: 04/28/2020

As of 09/30/2020, 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? \* 08/28/2018

What is your program end date? \* 05/19/2022

What is your expected graduation date? \* 05/22/2022

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 \*   Year 1 End Date \*

I am requesting funding for year 1

Year 2 Start Date \*   Year 2 End Date \*

I am requesting funding for year 2

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2020-2021)	2 Years Full-Time
Up to 2 Full-Time School Years (2020-2022)	2 Years Full-Time
Up to 3 Full-Time School Years (2020-2023)	3 Years Full-Time
Up to 4 Full-Time School Years (2020-2024)	4 Years Full-Time

**GPA**

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 \* 09/26/2020 Year 1 End Date \* 05/16/2021

I am requesting funding for year 1

Year 2 Start Date \* 09/27/2021 Year 2 End Date \* 05/19/2022

I am requesting funding for year 2

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2020-2021)	2 Years Full-Time
Up to 2 Full-Time School Years (2020-2022)	2 Years Full-Time
Up to 3 Full-Time School Years (2020-2023)	3 Years Full-Time
Up to 4 Full-Time School Years (2020-2024)	4 Years Full-Time

GPA

Please enter the cumulative GPA for your most recently completed undergraduate or graduate program. (For Pass/Fail or other alternate GPA options, select "non-standard" GPA below)

Please upload your current graduate program transcript (i.e. the transcript which reflects the entered GPA) on the Supporting Document page.

This is a non-standard GPA

GPA \* 3.80

SAVE & CONTINUE



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# Letters of Recommendation

\* required field

All letters 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 (May 15, 2020 at 7:30 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](#)

Browser tabs: Activate Your Application Account, Letters of Recommendation - NH

Address bar: [hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/letters.seam?cid=44](https://hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/letters.seam?cid=44)

Page Header: Easy Copy | Accessed: 2020-05-04 08:31 | Environment: TRN | Node: APP1TRN | Build Date: 2020-04-10 19:36 | DB Name: TRN\_BMISS\_CORE | DB Build Date: 04/28/2020

NATIONAL HEALTH SERVICE CORPS

NHSC SCHOLARSHIP PROGRAM APPLICATION

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 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

Browser tabs: Activate Your Application Account, Letters of Recommendation - NH

Address bar: [hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/letters.seam?cid=44](https://hrsangenapp1trn.nih.gov:8580/extranet/application/nhscsp/private/letters.seam?cid=44)

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NATIONAL HEALTH SERVICE CORPS

NHSC SCHOLARSHIP PROGRAM APPLICATION

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

# Letters of Recommendation

\* required field

All letters 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 (May 15, 2020 at 7:30 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: In Progress

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

Resend Request Email | Cancel this Recommendation

## NON-ACADEMIC LETTER OF RECOMMENDATION

The Non-Academic Letter of Recommendation should be from an individual who is familiar with 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: In Progress

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

Resend Request Email | Cancel this Recommendation

SAVE & CONTINUE

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## 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

The mission of the National Health Service Corps (NHSC) is to build healthy communities by supporting qualified health care providers dedicated to working in areas of the United States with limited access to care. With this mission, we know that patients often need health care providers to better understand them as a whole. This is particularly important among underserved populations receiving care. Please tell us what does patient centered care mean to you and provide an example.

NHSC clinicians provide care to underserved communities in urban and rural areas with limited resources. Please provide an example of when you have proposed an innovative solution to a challenging problem where you had limited resources.

Describe an experience in which you have contributed to the well-being of an underserved community and the impact/result of your contribution.

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 Disadvantaged Background \(if applicable\)](#)

### UPLOAD DOCUMENTS

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	
<input type="radio"/> Additional Supporting Document		Not Received	

No file chosen

## 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 [2020 NHSC SP Application and Program Guidance](#) \*

SAVE & CONTINUE

OMB No. 0915-0146 Expiration Date: 07/31/2020

Save and Continue Button will highlight after the applicant certifies both statements

- I certify that the above statements do not apply to me. \*
- I certify that I have read and understand the terms of the [2020 NHSC SP Application and Program Guidance](#) \*

SAVE & CONTINUE

Applicant will not be able to submit until all sections are complete



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## 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 May 15, 2020 at 7:30 PM EDT.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	Complete
Letters of Recommendation	In Progress
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**