

NHHSP 2020-2021 Scholarship Instruction Letter and Application Process & Instructions

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.



January 28, 2020

RE: Instruction Letter for the Application Year 2020-2021

Dear Applicant,

Thank you for your interest in applying to the Native Hawaiian Health Scholarship/Papa Ola Lōkahi Program for the academic year 2020-2021.

Please review the 2020-2021 Application Program Guidance (APG) and 2020-2021 Application and Process Instructions carefully before you submit your application. All completed applications are to be submitted via the online google forms and supporting documents via e-mail to adminassist@nhhsp.org; no paper applications will be available or accepted. Please note that the deadline is **March 15, 2020**.

In order to apply for a Native Hawaiian Health Scholarship (NHHSP) award, **you MUST meet the following to be eligible:**

- (1) Provide the Native Hawaiian Scholarship Program with documents as evidence of your Native Hawaiian ancestry, in accordance with the Native Hawaiian Care Improvement Act, 42 U.S.C. 11709 and 11711 (3), applicants to the Native Hawaiian Health Scholarship Program (NHHSP) are to "Be of Native Hawaiian ancestry" and are required to provide NHHSP "... with evidence of genealogical records, Kupuna and Kama`aina verification or birth records of the State of Hawai`i."
- (2) Relocate to any island after your education and required licensure, to complete the mandatory service obligation component of the award
- (3) Free of other federal service obligation(s) to be completed in the future.
Applicants, except military reservists, who are already obligated to a Federal, State or other entity for professional practice or service after academic training are not eligible for Scholarship Program awards. An exception may be made if the obligating entity provides documentation that there is no potential conflict in fulfilling the service commitment to the Scholarship Program and that the Scholarship Program service commitment will be performed first.
- (4) Accepted or currently enrolled as a full-time student in a fully accredited health professions program beginning no later than September 30, 2020.

Should you meet the above eligibility, please complete the application packet and return as indicated in the instructions.

Upon receipt and review of application materials, eligible applicants will be contacted by email or telephone for a scholarship interview.

Should you have any questions and/comments please feel free to email us at adminassist@nhhsp.org or call the office at the phone number listed below.

Our office hours are from 8:00 a.m. to 4:30 p.m. Monday to Friday. We are closed on State and Federal holidays. You may leave a voice mail if you find it necessary to call after hours. Your voice mail will be answered on the next business day.

Mahalo,
Native Hawaiian Health Scholarship Program at Papa Ola Lōkahi
894 Queen Street
Honolulu, HI 96813
(808) 597-6550 (office) ext. 203



NHHSP 2020-2021 Application Process & Instructions

Online Application Opens: February 1, 2020

www.nhhsp.org

Closes: March 15, 2020 11:59pm HST

The NHHSP Application Process includes the following Steps:

(I) Read the following from www.nhhsp.org/resources

1. NHHSP 2020-2021 Application & Program Guidance (APG)
2. NHHSP Letter and Application Process and Instructions
3. NHHSP Applicant Forms

(II) Prepare Information for the Application:

Gather all the required information you will need to submit your NHHSP Application as indicated below:

1. A mailing address, last 4 digits of the applicant's Social Security Number, the applicant's home island, phone number, email address, and other contact information (all information requested here must be valid through September 30, 2020).
2. The name of the PROGRAM*** you are attending or applying to, and the specific name of the UNIVERSITY and CAMPUS, if applicable (e.g. University of Hawai'i School of Nursing and Dental Hygiene at Manoa). Applicants who are applying to multiple Universities will list their top 3 choices.
3. The mailing address for the Program/University(s).
4. The name and phone number of a Contact Person/Advisor at the Program/ University(s).
5. If you are applying for an NHHSP award while also applying for your program of study, you must submit proof of your college/program acceptance and begin instruction/ classes/ coursework no later than September 30, 2020. YOU ARE NOT ELIGIBLE FOR AN AWARD if you are scheduled to begin your program of study any time after September 30, 2020.
6. Transcripts from all colleges/university attended.
7. The timeline associated with the curriculum of the proposed Program (i.e. Program start, and graduation dates based on an official course curriculum and schedule).

***list of eligible programs as stated in the Annual Program Guidance and as the end of this document

(III) **NHHSP Applicant Forms**

Complete NHHSP Application. Follow the instructions and complete the following:

1. **Google Form** – Complete the applicant profile in Google Forms (note that a Google email address account (*username@gmail.com*) account is needed to access Google Forms)

FORMS COMPLETION - Complete the application forms and upload to the respective areas in the google form – read through each document and follow the instructions carefully:

- Provide a headshot
- Form A: Authorization to Release Information
- Form B: Program Course Curriculum
- Form C: Applicant Resume/CV (no more than 2 pages)
- Form D: NHHSP Applicant Personal Statement (no longer than 2000 words)
- Form E: College Letter of Acceptance/Proof of Application: If you plan to begin your program in the Fall of 2020 (but no later than September 30, 2020) and are awaiting your acceptance letter, then you must submit any and all correspondence from your college regarding your application (e.g. letters of conditional acceptance pending the completion of a prerequisite course, etc.). **The deadline to submit your College Letter of Acceptance to NHHSP is May 1, 2020 at 11:59pm HST.**

*****ALL Uploaded documents must be labeled as follows LAST NAME_FIRST INITIAL_FORM (A-E)**

(ex. "SMITH_J_FORM_A") ***

2. **OTHER REQUIRED DOCUMENTS:** There are additional instructions on specific documents that require the applicant to **SUBMIT EITHER by MAIL OR EMAIL:**

- **Proof of Hawaiian Ancestry** (i.e., applicant's embossed seal birth certificate) must be **MAILED** and received by NHHSP by the deadline of **March 15, 2020:**

Mail Proof of Hawaiian Ancestry to:

NHHSP – Attn: Admin. Assistant
894 Queen Street
Honolulu, Hawai'i 96813

- **All Past and Current College Transcripts** of the applicant must be submitted by the applicant and **MAILED** or **EMAILED** to NHHSP by **March 15, 2020.**

Applicants Mail or Email college transcripts to:

NHHSP – Attn: Admin. Assistant,
894 Queen Street
Honolulu, Hawai'i 96813

EMAIL: NHHSP – Attn: Admin. Assistant - adminassist@nhhsp.org

NHHSP Applicant Letters of Recommendation Instruction

1. **Letters of Recommendation** - Two letters of recommendation are required for your application. Please notify the recommender before providing their contact information below.
 - a. Letter from an Academic Faculty or Advisor is mandatory. This letter should speak to your academic progress and commitment to your chosen profession.
 - b. If you are employed, the second letter of recommendation must come from your employer. A second letter of recommendation addressing your work ethics and behavior is required from your employer. If you are not employed, then the letter of recommendation may come from a community organization which you volunteered for.

Letters of Recommendation are due no later than **March 15, 2020 @ 11:59pm**. Letters of Recommendation can be sent via email to adminassist@nhhsp.org or via mail to:

NHHSP – Attn: Admin. Assistant,
894 Queen Street
Honolulu, Hawai'i 96813

(IV) Submit application

(V) Schedule Interview

1. Upon receipt of all application materials, an interview will be scheduled with eligible applicants.
2. Interviews are mandatory and are conducted via zoom for all applicants.
3. All interviews must be completed by **May 1, 2020**.

IMPORTANT NOTE: Attached you will find a **CHECKLIST** of the required documents to assist you with your submissions to NHHSP.

*****List of Eligible Programs:**

1. Allopathic Medicine (M.D.)
2. Clinical Psychology (Ph.D. or Psy.D.)
3. Dental Hygiene (B.S.D.H. or A.S.D.H.)
4. Dentistry (D.D.S or D.M.D.)
5. Dietetics/Nutrition (M.S.D.D.)
6. Nurse Practitioners (D.N.P., M.S.N., C.N.M. or N.P.)
7. Nurse-Midwifery (N.M. or M.S.N.)
8. Nursing (A.D.N., B.S.N.)
9. Osteopathic Medicine (D.O.)
10. Physician Assistant (M.S.P.A.)
11. Social Work (M.S.W.)

APPLICATION PROCESS, CHECKLIST, DOCUMENTS & FORMS:

**Date
Completed:**

Part I: Download the 2020-2021 APG, application instructions, and applicant forms

Part II: Prepare Information for the Application

Part III: Complete Application packet

Part IV: Submit application via google forms

Part V: Schedule interview

Prepare and submit the following applicant forms via google forms:

Headshot

Form A: Authorization to Release Information

Form B: Program Course Curriculum

Form C: Applicant Resume / CV (no more than 2 pages)

Form D: Personal Statement (no more than 1-page)

Form E: College Letter of Acceptance

Complete and submit the following application documents per instructions:

Proof & Documentation by Applicant of Native Hawaiian Ancestry

Unofficial College Transcripts

Request Letters of Recommendations with direct submission to NHHSP:

Academic Faculty/Advisor Evaluation (mandatory)

Employer Letter of Recommendation (preferred)

Community Organization Letter of Recommendation

All required original hardcopy documents must be postmarked and no later than

March 15, 2020.

NHHSP – Attn: Admin. Assistant,
894 Queen Street
Honolulu, Hawai'i 96813

NHHSP 2020-2021 Scholarship
Pre-Qualification and Applicant
Profile – Google Form

2020-2021 NHHSP Scholarship Application Pre-Qualification Questions

Ho`omakaukau: Before you begin your 2020-2021 NHHSP Application, you need to determine whether or not you are eligible for an Award.

* Required

1. Please select your specific degree from the drop-down list of 17 eligible degrees to apply. *

In order to apply for an NHHSP award, you MUST be accepted and enrolled Full-Time in one of the fully-accredited program below no later than September 30, 2020. If you will not be enrolled in one of the degree programs below by Sept 30, 2020, you are not eligible to apply.

Mark only one oval.

- Clinical Psychology; Doctoral Degree - PsyD or PhD Clinical Psychology; Doctoral Degree - PsyD or PhD
- Dentistry; Doctoral Degree - DDS or DMD Dentistry; Doctoral Degree - DDS or DMD
- Dental Hygiene; Bachelor's of Science Dental Hygiene Dental Hygiene; Bachelor's of Science Dental Hygiene
- Dietetics; Master's of Science Dietetics Dietetics; Master's of Science Dietetics
- Associates Degree in Nursing - ADN Associates Degree in Nursing - ADN
- Bachelor's of Science Degree in Nursing - BSN Bachelor's of Science Degree in Nursing - BSN
- Master's of Science Degree in Nursing
- Master's of Science Degree in Nursing; Nurse Practitioner - MSN-NP Master's of Science Degree in Nursing; Nurse Practitioner - MSN-NP
- Master's of Science Degree in Nursing; Midwifery - MSN-NM Master's of Science Degree in Nursing; Midwifery - MSN-NM
- Doctorate in Nursing Practice - DNP
- Medicine; Doctoral Degree in Medicine - MD or DO Medicine; Doctoral Degree in Medicine - MD or DO
- Physician's Assistant; Master's Degree - PA Physician's Assistant; Master's Degree - PA
- Social Work; Master's in Social Work - MSW

2. Are you of Native Hawaiian Ancestry and able to provide proof and documentation of such (i.e. Original Seal-Embossed Certificate of Birth)? *

In accordance with 42 U.S.C. 11711(3), "the term 'Native Hawaiian' means any individual who is—(A) a citizen of the United States, and (B) a descendant of the aboriginal people, who prior to 1778, occupied and exercised sovereignty in the area that now constitutes the State of Hawai'i, as evidenced by — (i) Genealogical records, (ii) Kūpuna (elders) or Kama'aina (long term community residents) verification, or (iii) Birth records of the State of Hawai'i."

Mark only one oval.

Yes *Skip to question 3*

No

Skip to section 3 (We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.)

Skip to question 3

We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.

3. Are you willing to relocate to any island after your education and required licensure to complete the mandatory service obligation component of the NHHSP? *

Mark only one oval.

Yes *Skip to question 4*

No

Skip to section 5 (We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.)

Skip to question 4

We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.

You must be willing and able to relocate to anywhere in the state of Hawai'i after graduation and licensure to complete the service component of your scholarship.

4. Are you currently under a federally funded scholarship that has a service obligation component to be completed in the future? *

Applicants, except military reservists, who are already obligated to a Federal, State or other entity for professional practice or service after academic training are not eligible for Scholarship Program awards. An exception may be made if the obligating entity provides documentation that there is no potential conflict in fulfilling the service commitment to the Scholarship Program and that the Scholarship Program service commitment will be performed first.

Mark only one oval.

Yes

Skip to section 7 (We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.)

No *Skip to question 5*

Skip to question 5

**We are sorry,
but based on
your answer
you are not
currently
eligible for the
Native Hawaiian
Health
Scholarship
Program.**

Applicants, except military reservists, who are already obligated to a Federal, State or other entity for professional practice or service after academic training are not eligible for Scholarship Program awards. An exception may be made if the obligating entity provides documentation that there is no potential conflict in fulfilling the service commitment to the Scholarship Program and that the Scholarship Program service commitment will be performed first.

5. Are you delinquent on the repayment of any Federal Debt(s)? *

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent by the Native Hawaiian Health Scholarship Program.

Mark only one oval.

Yes

Skip to section 9 (We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.)

No *Skip to question 6*

Skip to question 6

We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.

You cannot be a delinquent on any federal debts.

6. Are you: *

Mark only one oval.

Already enrolled or accepted as a full-time student in a fully accredited health professions program located in a State, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia, and registered or registering for classes beginning no sooner than July 1, 2020, but no later than September 30, 2020. Applicants attending unaccredited schools, on a part time basis, and outside of these geographic areas are not eligible for the Program, although they may be citizens of the United States and of Native Hawaiian ancestry. *Skip to question 7*

A new student applying in a fully accredited health professions program located in a State, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia, and registering for classes beginning no sooner than July 1, 2020, but no later than September 30, 2020. Applicants attending unaccredited schools, on a part time basis, and outside of these geographic areas are not eligible for the Program, although they may be citizens of the United States and of Native Hawaiian ancestry. *Skip to question 7*

Neither of the above (If selected, you are not eligible for a scholarship with NHHSP, and can exit the Pre-Qualifying process now).
Skip to section 11 (We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.)

Skip to question 7

We are sorry, but based on your answer you are not currently eligible for the Native Hawaiian Health Scholarship Program.

7. Name of most recent High School or College/University attended: *

8. Graduated? *

Mark only one oval.

Yes

No

9. Cumulative GPA (Must be 3.0 in order to qualify based on merit.): *

Skip to section 13 (Based on your answers from the pre-qualification questions, you are eligible for the Native Hawaiian Health Scholarship. Thank you for your interest in applying to the Native Hawaiian Health Scholarship/Papa Ola Lōkahi Program for the academic year 2020-2021.)

Based on your answers from the pre-qualification questions, you are eligible for the Native Hawaiian Health Scholarship. Thank you for your interest in applying to the Native Hawaiian Health Scholarship/Papa Ola Lōkahi Program for the academic year 2020-2021.

Please review the 2020-2021 Application Program Guidance (APG) and 2020-2021 Application and Process Instructions carefully before you begin your application; these documents can be found on the www.NHHSP.org website under Resources.

Should you have any questions and/comments please feel free to email us at adminassist@nhhsp.org or call the office at the phone number listed below.

Our office hours are from 8:00 a.m. to 4:30 p.m. Monday to Friday. We are closed on State and Federal holidays. You may leave a voice mail if you find it necessary to call after hours. Your voice mail will be answered on the next business day.

Native Hawaiian Health Scholarship Program
at Papa Ola Lōkahi
894 Queen Street
Honolulu, HI 96813
(808) 597-6550 (office) ext. 203

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Google Forms

NHHSP 2020-2021 Scholarship Applicant Profile

Please use a Google Email address to complete a Scholarship Applicant Profile. You will receive a copy of your response, and a link to edit your response will be available on this Google Account once you click on SUBMIT. The link will also be a way to come back to your application and upload needed forms and other documents.

* Required

1. Email address *

Applicant General Information

2. First Name *

3. Middle Name

4. Last Name *

5. Maiden Name

6. Gender *

Mark only one oval.

Male

Female

7. Date of Birth *

Example: January 7, 2019

8. Secondary Email Address *

Current Home Address

9. Home Address 1 *

10. Home Address 2

11. Home City *

12. Home State *

13. Home ZIP Code *

Contact Information

14. Mobile Number *

15. Home Phone Number

16. Work Phone Number

17. Work Phone Ext. (If Applicable)

18. Home Island *

Mark only one oval.

Hawai'i Island

Maui

Lana'i

Moloka'i

O'ahu

Kaua'i

Current Mailing Address

19. Mailing Address 1 *

20. Mailing Address 2

21. Mailing City *

22. Mailing State *

23. Mailing ZIP Code *

24. Did you apply for the NHHSP Scholarship last year? *

Mark only one oval.

Yes

No

25. Have you received an NHHSP Scholarship before? *

Mark only one oval.

Yes

No

26. If "yes," what year did you receive the NHHSP Scholarship

27. What is your cumulative GPA? *

28. Number of years requesting? (1-4 years) *

29. Select the discipline you are applying to or currently enrolled in: *

Mark only one oval.

- Allopathic Physician
- Clinical Psychology
- Dental Hygiene
- Dentist
- Dietetics/Nutrition
- Nurse Mid-Wife
- Nurse Practitioner
- Osteopathic Physician
- Physician Assistant
- Registered Nurse
- Social Work

Applicant
Photo

Uploaded Photo must be labeled as follows LAST NAME_FIRST NAME_PORTRAIT. You may click NEXT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

30. Applicant Photo: Please upload a head shot or portrait photo of yourself.

Files submitted:

Form A:
Authorization to
Release
Information

http://nhhsp.org/images/pdf-files/2020-2021/Form_A.pdf

You may click NEXT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

31. Please upload your Form A below and must be labeled as follows LAST NAME_FIRST INITIAL_FORM_(A-E) (ex. "SMITH_J_FORM_A")

Files submitted:

Form B:
Program
Course
Curriculum

http://nhhsp.org/images/pdf-files/2020-2021/Form_B_SEM.pdf
http://nhhsp.org/images/pdf-files/2020-2021/Form_B_QTR.pdf

You may click NEXT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

32. Please upload your Form B below and must be labeled as follows LAST NAME_FIRST INITIAL_FORM_(A-E) (ex. "SMITH_J_FORM_B")

Files submitted:

Form C:
Applicant
Resume

Instructions and Format: Resumes are limited to 2 pages with a 12 point font or bigger in black. Your resume MUST be readable, saved and uploaded as a PDF.

You may click NEXT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

33. Please upload your Form C below and must be labeled as follows LAST NAME_FIRST INITIAL_FORM_(A-E) (ex. "SMITH_J_FORM_C")

Files submitted:

Form D:
NHHSP
Applicant
Personal
Statement

Instructions and Format: Provide a 1-page personal statement which includes your reasons for pursuing a career in the healthcare field, your short and long-term goals, and how you plan to serve the Native Hawaiian community as part of your career. Please use a 12 point font or bigger and MUST be saved and uploaded as a PDF.

You may click NEXT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

34. Please upload your Form D below and must be labeled as follows LAST NAME_FIRST INITIAL_FORM_(A-E) (ex. "SMITH_J_FORM_D")

Files submitted:

Form E:
College/University
Acceptance
Letter/Proof of
Application

To be eligible for a 2020-2021 NHHSP award, Applicants are required to enroll in a fully accredited health profession degree program as a full-time student. Applicants must begin their course work by September 30, 2020.

NOTE: Ensure that program prerequisites are completed

For NHHSP Application Year 2020-2021, submit a copy of your College/University Acceptance Letter no later than May 1, 2020.

If your program begins in the Fall of 2020 and your college/university acceptance letter is not received by March 15, 2020, submit all correspondence from your college/university regarding your application (e.g. letter of conditional acceptance pending the completion of a prerequisite course, etc.).

The deadline to submit your Official College/University Acceptance Letter is May 1, 2020 at 4:00pm HST.

If you have any questions, contact the NHHSP Administrative Assistant at (808) 597-6550 ext.203 or email adminassist@nhhsp.org

Due no later than May 1, 2020 at 11:59 PM HST

Mail or email required documents to (adminassist@nhhsp.org):

NHHSP - Attn: Admin. Assistant
894 Queen Street
Honolulu, HI 96813

You may click NEXT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

35. Please upload your Form E below and must be labeled as follows LAST NAME_FIRST INITIAL_FORM_(A-E) (ex. "SMITH_J_FORM_E")

Files submitted:

Proof of Native Hawaiian Ancestry

Applicants are required to submit proof of Native Hawaiian Ancestry. In accordance with 42.U.S.C.11711(3), "the term 'Native Hawaiian ' means any individual who is

(A) a citizen of the United States, and

(B) a descendant of the aboriginal people who prior to 1778, occupied and exercised sovereignty in the area that now constitutes the State of Hawai'i, as evidenced by –

- i. Genealogical records
- ii. Kūpuna (elders) or Kama'aina (long-term community residents) verification, or
- iii. Birth records of the State of Hawai'i."

Applicants will submit an original (with embossed seal) certificate of birth that verifies Native Hawaiian ancestry. If Hawaiian ancestry is not listed, the Applicant will enclose an original (with embossed seal) certificate of birth, of the Applicant's Native Hawaiian parent, along with Applicant's birth certificate. Those with names not matching the original certificate of birth will submit copies of documents (marriage certificate / legal name change) demonstrating such name change.

Certificates of birth will be submitted along with other pertinent documents identified in the Application Process, Documents, and Forms Checklist.

All birth certificate mailed to NHHSP will be returned to the Applicant after the close of the Application Period.

Mail Proof of Hawaiian Ancestry to:

NHHSP - Attn: Admin. Assistant
894 Queen Street
Honolulu, HI 96813

Due no later than March 15, 2020

You may click NEXT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

College Transcript Instructions

Applicants must submit their College Transcripts from ALL previous and current College/University institutions.

College Transcripts from all past and current College/University Institutions will be submitted to:

NHHSP - Attn: Admin. Assistant
894 Queen Street
Honolulu, HI 96813

If your college offers digital copies of your readable college transcript, please send them to adminassist@nhhsp.org

Due no later than March 15, 2020 at 11:59 PM HST

Note: Official College Transcripts will be required for those pre-selected for a NHHSP award.

You may click NEXT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

Letters of Recommendation

Two letters of recommendation are required for your application. Please notify the recommender before providing their contact information below.

A. Letter from an Academic Faculty or Advisor is mandatory. This letter should speak to your academic progress and commitment to your chosen profession.

B. If you are employed, the second letter of recommendation must come from your employer. A second letter of recommendation addressing your work ethics and behavior is required from your employer. If you are not employed, then the letter of recommendation may come from a community organization which you volunteered for.

Letters of Recommendation are due by the Recommender no later than March 15, 2020 @ 11:59pm. Letters of Recommendation can be sent via email to adminassist@nhhsp.org or via mail to:

NHHSP – Attn: Admin. Assistant,
894 Queen Street
Honolulu, Hawai'i 96813

You may click SUBMIT to upload at a later time; you will receive a copy of your response, and a link to edit your response will be available once you click on SUBMIT.

1st Letter of Recommendation

36. A. First Name *

37. A. Last Name *

38. A. Title *

39. A. Email *

2nd Letter of Recommendation

40. B. First Name *

41. B. Last Name *

42. B. Title *

43. B. Email *

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Google Forms

NHHSP 2020-2021 Scholarship Applicant Forms and Instructions



Authorization to Release Information

As an applicant to the Native Hawaiian Health Scholarship Program (NHHSP),

I, _____
Print First Name Middle Initial Last Name

hereby authorize the College/University where I am/was enrolled, to disclose information to NHHSP, Papa Ola Lokahi Inc. (POL) and the U.S. Department of Health and Human Services (DHHS), pertaining to my enrollment while participating in NHHSP. "Information pertaining to my school enrollment" includes, but not limited to, my college transcript and grades, academic standing, enrollment and degree status, curriculum and examination requirements for graduation, tuition and fees, and leave-of-absence, withdrawal, or dismissal from school.

If I become a participant in NHHSP, I also authorize any post-degree training program for which I received a deferment from the NHHSP to disclose to POL and DHHS information pertaining to my participation in the post degree program including, but not limited to, my curriculum, status in the program, completion date, examination requirements, and my leave-of-absence, withdrawal or dismissal from the program.

The above authorizations take effect on the date indicated below with my signature.

In addition, I hereby authorize POL and DHHS, **to release my name, addresses and social security number to see if I appear on the Excluded Parties List System.** This authorization takes effect on the date I sign this release form. If I do not become an NHHSP participant, this authorization shall remain in effect until **November 30, 2020.**

If I become an NHHSP participant, all of the above authorizations shall remain in effect until the date my NHHSP scholarship commitment has been fulfilled or these authorizations have been revoked by me in writing.

NHHSP Applicant Signature

Date

**U.S. Department of Health and Human Services
Health Resources & Services Administration
Papa Ola Lōkahi**



**Title 42 USC Chapter 122 Section 11709 – Native Hawaiian Health Scholarship Program
Program Course Curriculum**

APPLICANTS' NAME _____

DEGREE(i.e., masters of science in nursing) _____

COLLEGE/UNIVERSITY NAME _____

PROJECTED GRADUATION MO/YR _____

THIS Program Course Curriculum document MUST BE COMPLETED and RETURNED to NHHSP

APPLICANT applied for Admission or is Enrolled at above-mentioned College/University since/for the **Academic Year 20____ - 20____**. APPLICANT will be enrolled OR is anticipated to be enrolled Full-Time in an undergraduate/graduate degree-seeking program (identified above) for the Academic Year **2020-2021**.

LIST Degree Program CURRICULUM from (start of) FIRST YEAR to COMPLETION

e.g. FALL 2020 Months: August - December

Summer _____ (Year)	Months: _____	Year One
Course Number	Credit Hours	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fall _____ (Year)	Months: _____	
Course Number	Credit Hours	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NHHSP Applicant Signature

Date

Winter _____ (Year)

Course Number

Months: _____

Credit Hours

Year Three

Course Title

Spring _____ (Year)

Course Number

Months: _____

Credit Hours

Course Title

Summer _____ (Year)

Course Number

Months: _____

Credit Hours

Course Title

Fall _____ (Year)

Course Number

Months: _____

Credit Hours

Year Four

Course Title

Winter _____ (Year)

Months: _____

Year Four

Course Number

Credit Hours

Course Title

10 horizontal lines for course entry

10 horizontal lines for course entry

10 horizontal lines for course entry

Spring _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

10 horizontal lines for course entry

10 horizontal lines for course entry

10 horizontal lines for course entry

_____ (Term) _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

10 horizontal lines for course entry

10 horizontal lines for course entry

10 horizontal lines for course entry

_____ (Term) _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

10 horizontal lines for course entry

10 horizontal lines for course entry

10 horizontal lines for course entry

**U.S. Department of Health and Human Services
Health Resources & Services Administration
Papa Ola Lōkahi**



**Title 42 USC Chapter 122 Section 11709 – Native Hawaiian Health Scholarship Program
Program Course Curriculum**

APPLICANTS' NAME

DEGREE(i.e., masters of science in nursing)

COLLEGE/UNIVERSITY NAME

PROJECTED GRADUATION MO/YR

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fall _____ (Year)	Months: _____	
Course Number	Credit Hours	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NHHSP Applicant Signature

Date

Spring _____ (Year)

Course Number

Months: _____

Credit Hours

Year One

Course Title

Summer _____ (Year)

Course Number

Months: _____

Credit Hours

Year Two

Course Title

Fall _____ (Year)

Course Number

Months: _____

Credit Hours

Course Title

Spring _____ (Year)

Course Number

Months: _____

Credit Hours

Course Title

Fall _____ (Year)

Months: _____

Year Four

Course Number

Credit Hours

Course Title

Spring _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

_____ (Term) _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

_____ (Term) _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title



**The Native Hawaiian Health Scholarship Program
2020-2021 Application – Applicant Resume Form**

Copy + Paste your resume below. Submitted resumes are limited to 2 pages with a 12 point or bigger font.



The Native Hawaiian Health Scholarship Program

2019-2020 Application – Applicant Resume Form

Copy + Paste your resume below. Submitted resumes are limited to 2 pages with a 12 point or bigger font.



Personal Statement Instructions

Applicant:

Provide a 1-page personal statement which includes your reasons for pursuing a career in the healthcare field, your short and long-term goals, and how you plan to serve the Native Hawaiian community as part of your career.



College/University Acceptant Letter/Proof of Application

To be eligible for a 2020-2021 NHHSP award, Applicants are required to enroll in a fully accredited health profession degree program as a full-time student. Applicants must begin their course work by **September 30, 2020**.

NOTE: Ensure that program prerequisites are completed

For NHHSP Application Year 2020-2021, submit a copy of your College/University Acceptance Letter no later than **May 1, 2020**.

If your program begins in the Fall of 2020 and your college/university acceptance letter is not received by March 15, 2020, submit all correspondence from your college/university regarding your application (e.g. letter of conditional acceptance pending the completion of a prerequisite course, etc.).

The deadline to submit your Official College/University Acceptance Letter is May 1, 2020 at 4:00pm HST.

If you have any questions, contact the NHHSP Administrative Assistant at (808) 597-6550 ext.203 or email adminassist@nhhsp.org

Mail or email required documents to: Native Hawaiian Health Scholarship Program
ATTN: NHHSP Administrative Assistant
894 Queen Street
Honolulu HI 96813

Email: adminassist@nhhsp.org

Due no later than May 1, 2020



Proof of Native Hawaiian Ancestry

Applicants are required to submit proof of Native Hawaiian Ancestry.

In accordance with 42.U.S.C.11711(3), “the term ‘Native Hawaiian ’ means any individual who is

(A) a citizen of the United States, and

(B) a descendant of the aboriginal people who prior to 1778, occupied and exercised sovereignty in the area that now constitutes the State of Hawai‘i, as evidenced by –

- i. Genealogical records*
- ii. Kūpuna (elders) or Kama‘aina (long-term community residents) verification, or*
- iii. Birth records of the State of Hawai‘i.”*

Applicants will submit an original (with embossed seal) certificate of birth that verifies Native Hawaiian ancestry. If Hawaiian ancestry is not listed, the Applicant will enclose an original (with embossed seal) certificate of birth, of the Applicant’s Native Hawaiian parent, along with Applicant’s birth certificate. Those with names not matching the original certificate of birth will submit copies of documents (marriage certificate / legal name change) demonstrating such name change.

Certificates of birth will be submitted along with other pertinent documents identified in the Application Process, Documents, and Forms Checklist.

All birth certificate mailed to NHHSP will be returned to the Applicant after the close of the Application Period.

Mail required documents to: Native Hawaiian Health Scholarship Program
ATTN: NHHSP Administrative Assistant
894 Queen Street
Honolulu HI 96813

Due no later than March 15, 2020



College Transcript Instructions

Applicants must request their College Transcripts from **ALL** previous and current College/University institutions

Submit Directly to:

Native Hawaiian Health Scholarship Program

ATTN: NHHSP Administrative Assistant

894 Queen Street

Honolulu, HI 96813

NHHSP will accept digital copies of college transcripts that are submitted from the applicant themselves via Email to the following:

adminassist@nhhsp.org

ALL previous and current College/University transcripts

Due no later than March 15, 2020



Letter of Recommendation Advisory

Applicant:

Two letters of recommendation are required for your application. A letter from an Academic Faculty or Advisor is **mandatory**. This letter should speak to your academic progress and commitment to your chosen profession. If you are employed, the second letter of recommendation must come from your employer. A second letter of recommendation addressing your work ethics and behavior is required from your employer. If you are not employed, then the letter of recommendation may come from a community organization which you volunteered for. It is the applicant's responsibility to ensure that your letters of recommendation are completed and returned by the due date.

Letters of recommendation should be returned

Via email (preferred) adminassist@nhhsp.org or

Mailed to: Native Hawaiian Health Scholarship Program
ATTN: NHHSP Administrative Assistant
894 Queen Street
Honolulu HI 96813

NOTE: The Academic Faculty/Advisor letter of recommendation is MANDATORY

If you have any questions, contact the NHHSP Administrative Assistant at (808) 597-6550 ext.203 or email adminassist@nhhsp.org

Mail required documents to: Native Hawaiian Health Scholarship Program
ATTN: NHHSP Administrative Assistant
894 Queen Street
Honolulu HI 96813

Due no later than March 15, 2020