

NATIONAL INSTITUTES OF HEALTH | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

... home ... for prospective applicants

## UNDERGRADUATE SCHOLARSHIP PROGRAM

OMB Clearance Number: 0925-0299 Expiration Date: 30-June-2022

## PROGRAM APPLICATION

**Instructions:** Before you begin, you may want to review some <u>helpful hints</u> on using this electronic form and our <u>privacy statement</u>.

## **Eligibility Criteria:**

- 1. Candidates must be U.S. citizens or U.S. permanent residents.
- 2. Candidates must be enrolled or accepted for enrollment as a full-time student at an accredited 4-year undergraduate institution located in the United States of America.
- 3. High school students are not eligible.
- 4. Candidates must have an Undergraduate University Grade Point Average of 3.3 or higher on a 4.0-point scale or within the top 5 percent of your class.
- 5. Candidates must have an 'Exceptional Financial Need' as certified by your undergraduate institution financial aid office (https://www.training.nih.gov/programs/ugsp).

## **Application Tips:**

This form allows you to save a partially completed application. To take advantage of this feature:

- Enter as much information into the form as you would like. Note that you must complete certain fields—Name, Email Address, Phone, etc. —in order to save a partial application.
- Press "Save Partial Application & Quit" to save the information you have entered thus far. You will have to return later to complete your application.
- When you first submit your partial application, you will receive an email message containing instructions for accessing the online tool that allows you to review, modify, and complete your application.

Only **completed** applications are available for review by NIH investigators and administrators; partial applications are **not** accessible by NIH investigators. Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. **To submit your completed application, you must select the "Save" button on the Preview page.** 

IMPORTANT NOTE: The deadline for receipt of completed applications is **March 15**, **2019** (11:59 p.m., Eastern Time). Applications that are incomplete after the deadline will not receive further consideration.

- 1. Please read the "<u>Undergraduate Scholarship Program page</u>" and "<u>UGSP Frequently Asked Questions</u>" before beginning your online application.
- 2. Be sure that the email addresses you provide for your references are accurate. Incorrect email addresses will delay the processing of your application and could result in your application not receiving full consideration.
- 3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appear as you intend, compose your

inputs to the longer fields on this form using a plain text editor (e.g., Notepad for PC users or TextEdit for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.

- 4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
- 5. Letter of recommendation requests are submitted immediately to your references upon saving of a partial application or submission of a complete application, whichever may be first.
- 6. Letters of recommendation are due no later than March 29, 2019, at 11:59 pm EDT. We will not accept letters after that time.

	Indicates a required field.					
Minimally Required You must enter this information if you wish to save your application.						
Name:	Select Company First MI Last					
Email Address:	Format: user@server.com					
Permanent Home Phone:	Format: (999) 999–9999					
Citizenship Status:	US Citizen 🗘 🕷					
Current Education Level:	<b>○</b>					
Year at Current Level:						
Enrollment:	Are you enrolled in, or have you applied to, a 4-year college/university program located in the U.S.?   Yes No					
Education:	Have you been awarded a bachelor's or master's degree?					
judgment lien against his/her pro	nt Status: The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal roperty arising from a Federal debt from receiving Federal funds until the judgment is paid in further the NIH Undergraduate Scholarship Program must certify that they do not have a judgment madebt to the United States.	ıll or				
I certify I do not have delinquent	status.					
	Ol agree Ol disagree					
(including any personal statement which would render the statement may be investigated and that any benefits, that I am liable for retu U.S. Code, Title 18, Section 1003	Information is True, Complete, and Accurate: I certify that information given in this applicants) is true, complete, and accurate to the best of my knowledge and does not omit any material nt false, fictitious, or fraudulent as a result of the omission. I understand that the information graph false representation is sufficient cause for rejection of this application, or, if awarded scholar urn of all awarded funds and, further, that any false statement may be punishable as a felony upon a material any false, fraudulent, or fictitious statement may, in addition to other remediect me to civil penalties under the Program Fraud Civil Remedies Act of 1986.	fact, given rship inder				
	Ol agree Ol disagree ●					
	<b>Release of Information to UGSP:</b> To ensure your eligibility requirements, the UGSP may nee as for clarification of information in your application or financial form.	d to				

I authorize the program(s) indicated in my Educational History to release information about my academic, financial, service, and any other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized

Government officials. This release	is valid for s	ix months after completion of a	II UGSP .	requirements.			
◯l agree◯l disagree ●							
References - Minimally Required You must enter this information if you wish to save your application.							
Under the Family Educational Right contained within a letter of recor- require you to waive your permis letter of recommendation is requi- email. See <u>Family Educational Right</u>	nmendation sion as a col ired. Your re	unless you have waived such a ndition of admission. For each ferences will be given your res <sub>l</sub>	ccess referen	The National Institutes of Heal ce, your response about waivi	th (NIH) does not ng access to each		
Reference 1:							
Name:	Mr. 🌣	First	MI	Last	•		
Email:				Format: user@server.com			
Waive Access:	○Yes ○No	•					
Reference 2:							
Name:	Mr. 🗘				•		
	Prefix	First	MI	Last			
Email:				Format: user@server.com			
Waive Access:	○Yes ○No	•					
Reference 3:							
Name:	Mr. 🗘						
	Prefix	First	MI	Last			
Email:				Format: user@server.com			
Waive Access:	OYes No	•		_			
Personal Information			-				
Permanent Address:							
Address Line 2:							
City:			•				
State:							
	(Use <b>DC</b> for [	District of Columbia and <b>NA</b> if yo	our perr	manent address is not in the U.	S.)		

Zip/Postal Code:		•		
Country/Region:	United States		⇒ •	
Academic Information				
You must provide a complete historeformat your transcript information academic experience and strength deadline.	on as directed, else the	admission committee	will have difficulty unders	tanding and assessing your
Do you have coursework from a ○Yes ○No ●	2-year academic insti	tution?		
Are you, or do you anticipate, tra  OYes ONo ●	ansferring from a 2-ye	ear program to a 4-1	ear program this Fall?	
CV/Resume Sections Answer the following questions necessary. Be sure to make note				ugh reformatting may be
Please do not place hard return are designed to automatically w		ne – it is only neces	sary at the end of parag	raphs. The open text fields
Personal Statement (Up to 4500 barriers you may have overcome to			iasm to pursue a research	-related career and any
				<i>∠</i> •
Scientific Discipline / Research I experience, elaborate on the research				eriences. If you have no
				<i>4</i> ●
Influential Person or Event (Up to or career aspirations.	o <b>1800 characters):</b> De	scribe an influential p	person or event that has im	pacted your educational
				<i>i</i> . ●
Career Interests and Goals (Up t training to achieve it?	o 1800 characters): Wh	nat is your ultimate g	oal and describe your planr	ned academic path and

<b>Awards &amp; Honors (Up to 3000 characters):</b> List awards and honors you have received in your undergraduate career. Freshman year applicants should list awards and honors received in high school.
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Experiences and Extracurricular Activities (Up to 3000 characters): List any additional experiences and extracurricular activities,
including volunteer experiences you participated in during college. Freshman year applicants should include high school experiences and extracurricular activities. Describe your role in in each activity and include any civic and academic leadership roles.
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<b>Presentations (Up to 3000 characters):</b> List any STEM / health-related oral or poster presentations you have given during college. Freshman year applicants should include high school STEM / health-related oral or poster presentations.
Conege. Freshman year applicants should include high school stem / health-related of all of poster presentations.
Additional Information (Up to 1500 characters):
How did you hear about this program? (Please select all that apply )
How did you hear about this program? (Please select all that apply.)  Ad in a scientific journal (Nature, Science); please specify:
How did you hear about this program? (Please select all that apply.)  Ad in a scientific journal (Nature, Science); please specify:  Ad in a student journal; please specify:
Ad in a scientific journal (Nature, Science); please specify:
Ad in a scientific journal (Nature, Science); please specify:  Ad in a student journal; please specify:
Ad in a scientific journal (Nature, Science); please specify:  Ad in a student journal; please specify:  Ad in a meeting program
Ad in a scientific journal (Nature, Science); please specify:  Ad in a student journal; please specify:  Ad in a meeting program  Exhibit at a meeting; please specify:
Ad in a scientific journal (Nature, Science); please specify:  Ad in a student journal; please specify:  Ad in a meeting program  Exhibit at a meeting; please specify:  Career development/opportunities workshop
Ad in a scientific journal (Nature, Science); please specify:  Ad in a student journal; please specify:  Ad in a meeting program  Exhibit at a meeting; please specify:  Career development/opportunities workshop  Flier
Ad in a scientific journal (Nature, Science); please specify:  Ad in a student journal; please specify:  Ad in a meeting program  Exhibit at a meeting; please specify:  Career development/opportunities workshop  Flier  Poster

Web search Other; please specify:
Notice to all applicants: It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application or provided during an interview may be grounds for denying your candidacy or removing you from the program.
Failure to wait for the confirmation webpage will result in an unsuccessful upload. Please be patient.
Save Partial Application & Quit   Preview Completed Application

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 60 minutes 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

