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Summary

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- Individual Application
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Application Information

Application Identifier:	68666
Application Project Title:	LIP Bone Application
Application Name:	Lu, Zhen
Organization:	NAUTSANGUTAU
Contract Period:	07/01/2020 - 06/30/2022
Status:	View in Progress - Cancel Application
Status Date:	2018-08-14 02:21:08:000 PM EDT

Notice Information:

Notice Information:	09-17-2018
LIP Program:	Extramural Loan Repayment Program for Pediatric Research (LIP-PR)
Agency:	National Institutes of Health
LIP Application Cycle Open Date:	09/01/2018
LIP Application Cycle Close Date:	11/15/2018



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Application Information

Summary | **Application Data** | Personal Information | Employment and Affiliation | Education and Training | Research Information | College Information | Loan Information | Funding Information | Certify & Submit

LRP Application Data v1.0 OMB Number: 0925-0164
Expiration Date: 10/31/2025
NH-2024-1

[Edit](#) Expand All Required Fields

Application Data

Award Type: NEW

Are you Applying for an Intramural or Extramural Loan Repayment Program?: INTRAMURAL

Name of Loan Repayment Program you are applying for: AIDS Research LRP

*Award Length: One Year Two Years Three Years

Are you an Independent Researcher or has a Mentor?: I am a mentored research scientist

* Your Position Title:

* Your Anticipated Start Date for Employment at the NIH:

* Name of Hiring Institute or Center (IC):

Preferred IC:

Preferred IC (secondary choice):

Not Preferred IC:

Eligibility Questions

* 1) Are you a U.S. citizen, U.S. national, or permanent resident of the U.S.? (If no) Will you be a U.S. citizen, U.S. national, or permanent resident of the U.S. by the contract start date? Yes No

* 2) Do you possess an M.D., Ph.D., D.D.S., D.M.D., D.B.A., D.V.M., A.D.N., B.S.N., or equivalent doctoral degree from an accredited institution; or hold the position of Physician Assistant? Yes No

* 3) Will you conduct full-time qualifying research over the entire contract period? Yes No

* 4) Do you receive any research funding support or salary from a for-profit institution or organization? Yes No

* 5) During the LRP award, will you be participating in a Federal Government fellowship (i.e., VA, CDC, DOD)? This does not include NIH fellowships or grants. Yes No

* 6) Are you a full-time (5/8 or greater) employee of a U.S. Government agency (CDC, DOD, or the Veteran's Administration)? Please note, receiving research or salary support from Federal grants or fellowships does not equate employment by the Federal government. Yes No

* 7) Do you or did you ever have a judgment lien arising from a federal debt? Yes No

* 8) Do you owe a service obligation to another program that cannot be deferred? Yes No

* 9) Do you have total qualifying educational debt equal to, or in excess of, 20 percent of your institutional base salary? (e.g., more than \$10,000 debt with \$50,000 annual salary) Yes No

* 10) Are all of the loans you will be entering on your application from a U.S. government entity, accredited U.S. academic institution, and/or qualified U.S. commercial educational lender? Yes No

* 11) Have you ever defaulted on an educational loan or are you currently delinquent (more than 90 days past due) on an educational loan? Yes No

* 12) Are your loans consolidated with another individual, such as a spouse? Yes No

* 13) Are you an individual from a disadvantaged background? Note: You will be asked to certify your disadvantaged background status in your application. Yes No

* 14) Will you have at least \$2,000 of eligible educational debt on the contract start date? Yes No

* 15) Are you an NIH employee or do you have a firm commitment of NIH employment from an authorized official of the NIH? Yes No

* 16) Will you be enrolled in a subspecialty and residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) over the entire 3-year contract period? Yes No

* 17) Are you an allied health professional such as a nurse, physician assistant, graduate student, or postgraduate research fellow training in a health profession? Yes No

* 18) Will you conduct qualifying research for an average of at least 20 hours per week over the course of each quarter (3 months) for the entire contract period? Yes No

* 19) Are you an individual from a health disparity (HD) population? NH-designated U.S. health disparity populations include Black/African Americans, Hispanic/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities. Please note: An applicant is not required to be from an HD population in order to apply to the HD Research LRP. Yes No

I understand that completing this questionnaire is not a guarantee of eligibility for the program and that my eligibility will be further assessed throughout the process.

I understand that the NIH Loan Repayment Programs are competitive and the submission of an LRP application does not guarantee an award. I understand that only designated agents of the U.S. Department of Health and Human Services/National Institutes of Health can make commitments for the LRP awards.

By checking this box, you acknowledge that LRP loan repayments and tax payments are considered taxable income and can significantly increase your taxable income. If you are or plan to participate in an income-based repayment program, you should contact your loan servicer to discuss the implications of LRP loan repayments/higher income on your monthly payments.

Public reporting for this collection of information is estimated to average 35 minutes, 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 van, Project Clearance Branch, 090 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7174, Attention: PRA (0925-0361). Do not return the completed form to this address.

Privacy Act 09-25-0165





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LRP Personal Information v1.0 Old Number: 005-004
Expiration Date: 01/01/2010
R012041

[Expand All](#) [Required Fields](#)

Personal Information

***NIH Consensus ID**

ORCID

***First Name (English)**

Middle Name (English)

***Last Name (English)**

Suffix (English)

First Name (Other)

Middle Name (Other)

Last Name (Other)

Suffix (Other)

***Work E-Mail**

***Current Work E-Mail**

Other E-Mail

***U.S. Born U.S.** U.S. Non-U.S.

***Home Address Line 1**

Home Address Line 2

***City**

***State**

***Zip Code**

***Country**

***Work Phone** **Ext.**

Home Phone

Cell Phone

Preferred Contact

***Date of Birth**

Gender: Male Female Other Prefer not to answer

What is your race? Check all that apply.

- American Indian, Native American, or Alaska Native
- Asian
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian - Please specify
- Black or African American
- Native Hawaiian or other Pacific Islander
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander - Please specify
- White
- Other - Please specify
- Prefer Not to Answer

Are you Hispanic, Latino/a, or of Spanish origin? Yes No Prefer not to answer

If Hispanic, check all that apply.

- Mexican, Mexican American, Chicano/a
- Central American
- Puerto Rican
- Cuban
- South American
- Other Hispanic, Latino/a, or Spanish origin - Please specify

Do you have a disability? Yes No Prefer not to answer

Are you deaf or do you have a serious difficulty hearing? Yes No

Are you blind or have a serious difficulty seeing, even when wearing glasses? Yes No

Do you have serious difficulty walking or climbing stairs? Yes No

Do you have another type of disability? Yes No Please specify

How did you initially hear about the program?

How else did you hear about this program? check all that apply.

- Conference Talk or Presentation
- Academic Address, Professor, or Mentor
- Other colleague
- LRP Email/Newsletter
- Social Media
- Conference Exhibit
- Another LRP Application/Reviewer
- LRP Website
- NIH Institution/Center Website, News Item, Talk, Exhibit, or Print Material
- Other Source - Please specify
- Academic Journal or Publication
- An LRP Ambassador
- LRP Flyer
- Internet Search

NIH is reporting for this submission information submitted to average 30 minutes, 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, 600 Huntington Drive, HCC 7074, Bethesda, MD 20892-7074, Attention: PRA Project Director. Do not return this completed form to this address.

IRB#01-01-0188



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LRP Employment and Affiliation v1.0

OMB Number: 0925-0361
Expiration Date: 10/31/2022
NIH 2674-1

Edit

Expand All * Required field(s)

Employment Organization

University Hospital, Clinic, or Other Type of Organization

* State

* Zip/Postal Code

* Hospital/Clinic/Other Organization

University

Campus/Subunit

College/School

Department

Additional Information(e.g. Center, Division, Branch, etc)

* Position Title

* Start Date

Academic Affiliation

check if academic affiliation is same as the employment

State

Zip/Postal Code

University

Campus/Subunit

College/School

Department

Additional Information(e.g. Center, Division, Branch, etc)

Position Title

Start Date

Save Cancel



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Education Training Summary > Education Record: 2

Education 2 v1.0

Edit

OMB Number: 0925-0361
 Expiration Date: 10/31/2022
NIH 2674-1
 Expand All
 * Required Field(s)

Degree Detail

* Education

M.D.(terminal degree program)
 Ph.D(terminal degree program)
 M.D.-Ph.D

MD PhD Each Terminal Degree Program
 MD PhD Combined Program
 MD PhD Combined Program MSTP

Other Doctoral Degree
 Non Doctoral Degree

* MD Conferring Institution:

* MD Year Degree Conferred:

* MD Specialty:

* MD Subspecialty:

* PhD Conferring Institution:

* PhD Year Degree Conferred:

* PhD Specialty:

* PhD Subspecialty:

* Degree:

* Other Degree:

* Conferring Institution:

* Year Degree Conferred:

* Specialty:

* Subspecialty:

Residency

Institution	Start Date	End date	Percent Of Time Spent (0-100)	Specialty	Sub Specialty	Action
<input type="text"/>	<input type="text" value="Click to show calendar"/>	<input type="text" value="Click to show calendar"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>

Add New Residency

- Save
- Save and Add
- Cancel
- Remove Education

Public reporting for this collection of information is estimated to average 35 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

Privacy Act 09-25-0165





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Education and Training v1.0

OMB Number: 0925-0361
Expiration Date: 10/31/2022
NIH 2674-1
 Expand All * Required Fields

Edit

Education Information

Add New Entry

Entry #	Education	Degree	Conferring Institution	Year	Specialty	Subspecialty	Residency	Action
1	MD	N/A	abcde	2015	asdfadif	asdfadif	Y	Edit View

Post-Doctoral Fellowship Information

Add New Entry

Conferring Institution	Start Date	End date	Percent Of Time Spent	Specialty	Sub Specialty	Action
Post-Doctoral Fellowship Information is not provided						

Public reporting for this collection of information is estimated to average 35 minutes, 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, 4705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.

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Add Post-Doctoral Fellowship

- * Conferring Institution:
- * Start Date:
- * End Date:
- * Percent of time spent on Research project (numeric: 0-100):
- * Subspecialty:

[SAVE](#) [CANCEL](#)



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Application Information

Summary Application Data Personal Information Employment and Affiliation Education and Training **Research Information** Colleague Information Loan Information Funding Information Certify & Submit

LRP Research Information v1.0 OH# Number: 0125-0161
Expiration Date: 10/31/2021
NH 2674.4
NH 2674.8
NH 2674.2

Expand All * Required Field(s)
NH 2674.6

Research Project/Activities

* Research Project Title

* Project Abstract Enter up to 2000 characters

Characters Remaining: 2000

* Research Project/Activities

Public reporting for this collection of information is estimated to average 180 minutes, 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, Attention: PRA (025)-0161. Do not return the completed form to this address.

Privacy Act 09-15-0165 NH 2674.6

Research Environment

* Research Environment

Public reporting for this collection of information is estimated to average 180 minutes, 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, Attention: PRA (025)-0161. Do not return the completed form to this address.

Privacy Act 09-15-0165 NH 2674.4

ACGIE Fellowship

* ACGIE Fellowship

* ACGIE Fellowship Supervisor

Public reporting for this collection of information is estimated to average 180 minutes, 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, Attention: PRA (025)-0161. Do not return the completed form to this address.

Privacy Act 09-15-0165 NH 2674.6

Training and Mentoring Plan

* Training and Mentoring

Public reporting for this collection of information is estimated to average 180 minutes, 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, Attention: PRA (025)-0161. Do not return the completed form to this address.

Privacy Act 09-15-0165 NH 2674.8

Research Accomplishments

* Research Accomplishments

Public reporting for this collection of information is estimated to average 70 minutes, 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, Attention: PRA (025)-0161. Do not return the completed form to this address.

Privacy Act 09-15-0165 NH 2674.2

Applicant's NIH Biosketch

* NIH Biosketch

Personal Statement

* Personal Statement

Public reporting for this collection of information is estimated to average 120 minutes, 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, Attention: PRA (025)-0161. Do not return the completed form to this address.

Privacy Act 09-15-0165



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LRP Colleague information v1.0 OMB Number: 0925-0185
Expiration Date: 10/31/2025
NH 2674.1
NH 2674.0
NH 2674.0

Expand All Required Fields

Research Supervisor

* First Name:

Middle Name:

* Last Name:

* Email:

* Confirm Email:

* Organization:

* Position Title:

Public reporting for this collection of information is estimated to average 25 minutes, 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, Attention: PRA (0205-0061). Do not return the completed form to this address.

Privacy Act 09-25-0185

Primary Mentor NH 2674.1

Check here if the person you have entered as your Research Supervisor is also your Primary Mentor

* First Name:

Middle Name:

* Last Name:

* Email:

* Confirm Email:

* Organization:

* Position Title:

* NIH Biob sketch (3 page limit) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Additional NIH Biob sketch [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

* You may upload the NIH Biob sketch of an additional person, identified in your mentoring plan, who will continue to the mentoring of this applicant

Public reporting for this collection of information is estimated to average 15 minutes, 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, Attention: PRA (0205-0061). Do not return the completed form to this address.

Privacy Act 09-25-0185

Institutional Business Official NH 2674.0

* BSO Organization: UNIVERSITY OF CALIFORNIA, SAN DIEGO

* First Name:

Middle Name:

* Last Name:

* Email:

* Confirm Email:

Public reporting for this collection of information is estimated to average 5 minutes, 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, Attention: PRA (0205-0061). Do not return the completed form to this address.

Privacy Act 09-25-0185





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LRP Loan Information v1.0

Edit

OMB Number: 0925-0361
Expiration Date: 10/31/2002
NIH 2674-4
** Required Fields*

Add New Entry

Lending Institution/Servicing Agent	Loan Type	Original Loan Amount	Current Balance	Loan Status	Action
American Education Services (AES)	Academic Institutional Loan	\$11,111	\$11,111	Deferment	Edit Remove

Public reporting for this collection of information is estimated to average 75 minutes, 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, Attention: PRA (0925-0361). Do not return the completed form to this address.

Privacy Act 09-25-0165

* Name of Lending Institution/Servicing Agent:

* Other Lending Institution/Servicing Agent:

* Loan Type:

* Other Loan Type:

* Loan Origin: U.S. Non-U.S.

* Original Loan Amount:

* Current Balance:

* Loan Status:

Submit Cancel



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LRP Funding Information v1.0 OMB Number: 0925-0181
Expiration Date: 10/31/2022
NINDS16-19

Expand All * Required Fields

Funding Information

Funding support for your research activity is provided by which of the following? (Check all that apply)

- As a part of your salary from your employer (e.g., your university, hospital etc.)
- With start-up funds from your employer (e.g., your university, hospital, etc.)
- Through research grant(s) or award(s). (Please enter grant information below.)

NIH Grant Support Add New Entry

Type of Award	Award Number	Award Status	Total Award Amount	Start Date	End Date	Are you PI/Co-PI on this Grant?	Does this Award support your LRP Eligible project?	Action
Training Grants/Fellowship Awards (T/F series)	1K08CA1009-01	Submitted	\$121,111	03/01/2021	03/24/2021	No	No	Edit Remove

Other Government Research Funding(not from NIH) Add New Entry

Type of Organization	Organization Name	Award Status	Project Title	Total Award Amount	Start Date	End Date	Are you PI/Co-PI on this Grant?	Does this Award support your LRP Eligible project?	Action
State Government	State Org	Submitted	State Title	\$111,111	02/17/2021	02/18/2021	Yes	Yes	Edit Remove

Other Non-Profit Research Funding(not from NIH) Add New Entry

Type of Organization	Organization Name	Award Status	Project Title	Total Award Amount	Start Date	End Date	Are you PI/Co-PI on this Grant?	Does this Award support your LRP Eligible project?	Action
Hospital	U Org	Submitted	U Project Title	\$99,887	06/12/2020	04/06/2021	No	No	Edit Remove

Public reporting for this collection of information is estimated to average 40 minutes, 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, Attention: PRA (0925-0181). Do not return the completed form to this address.

Privacy Act 09-25-0185

[Save](#) [Cancel](#)



Add Grant Support

* Type of Award:

* Service Obligation: Yes No

* Other Type of Award:

* NIH Award/Application Number/Project Number:

* Award Status:

* Total Award Amount:

* Start Date of Award:

* End Date of Award:

* Are you a PI/Co-PI on this Grant? Yes No

* Does this award support your LRP-eligible Project? Yes No

[Submit](#) [Cancel](#)

Add Other Government Research Funding / Add Other Non-Profit Research Funding

* Type of organization:

* Other Type of Organization:

* Organization Name:

* Award Status:

* Project Title:

* Total Award Amount:

* Start Date of Award:

* End Date of Award:

* Are you a PI/Co-PI on this Grant? Yes No

* Does this award support your LRP-eligible Project? Yes No

[Submit](#) [Cancel](#)

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Application Information

Summary	Application ID	Personal Information	Employment Information	Educational Attainment	Research Information	Contract Information	Loan Information	Public Information	Comments
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Certify and Submit v.1.0 DoD Number: (995) 335-0000
Expiration Date: 12/31/2014
Last Modified: 12/31/2014
10:20:58 AM

DoD Number: (995) 335-0000
Expiration Date: 12/31/2014
Last Modified: 12/31/2014
10:20:58 AM

I certify that I have read the above statements in their entirety, understand their meaning, and understand that my participation in this application is a voluntary action. I understand that my participation in this application is a voluntary action, and that I understand that my participation in this application is a voluntary action.

Confirmations by Applicant/Borrower

I hereby apply to enter into an agreement with the National Institute of Health (NIH) for repayment of the educational loans listed in my application. I hereby certify that: (1) all loans listed in this application were incurred solely for the costs of education, including reasonable living expenses; (2) all information provided in this application is true, complete, and accurate to the best of my knowledge and belief; and (3) I understand that any information provided in my application may be investigated and that any false information or omissions may result in the denial of my application. Further, on completion of a loan, I understand that any information provided in my application may be investigated and that any false information or omissions may result in the denial of my application. Further, on completion of a loan, I understand that any information provided in my application may be investigated and that any false information or omissions may result in the denial of my application.

NIH Loan Repayment Program Contract

Section 3002. **Repayment of Loans** - The Director shall make the following payments to the borrower, including but not limited to: (1) the amount of the loan, (2) the amount of the interest, and (3) the amount of the principal. The Director shall make the following payments to the borrower, including but not limited to: (1) the amount of the loan, (2) the amount of the interest, and (3) the amount of the principal.

Section A - Obligations of the NIH Director

1. To the extent permitted by Paragraph 2 of this section, the undersigned applicant is requesting that the NIH Director agree to the following: (a) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (b) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (c) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (d) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (e) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (f) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (g) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (h) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (i) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (j) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (k) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (l) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (m) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (n) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (o) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (p) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (q) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (r) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (s) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (t) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (u) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (v) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (w) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (x) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (y) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (z) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans.

Section B - Obligations of the Participant

1. Provide a description of each of the outstanding qualified educational loans and supporting documents, in a form and manner as defined by the NIH Director. 2. Make the loan to the participant available for repayment, including but not limited to: (a) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (b) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (c) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (d) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (e) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (f) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (g) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (h) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (i) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (j) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (k) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (l) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (m) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (n) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (o) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (p) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (q) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (r) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (s) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (t) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (u) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (v) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (w) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (x) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (y) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (z) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans.

Section C - Branch of Written Loan Repayment Contract

1. To the extent permitted by Paragraph 2 of this section, the undersigned applicant is requesting that the NIH Director agree to the following: (a) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (b) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (c) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (d) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (e) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (f) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (g) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (h) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (i) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (j) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (k) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (l) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (m) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (n) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (o) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (p) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (q) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (r) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (s) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (t) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (u) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (v) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (w) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (x) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (y) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans, (z) to provide the undersigned applicant with a loan to cover the cost of the applicant's educational loans.

Section D - Cancellation, Suspension, and Waiver of Obligation

1. Any amount of the participant's obligation to repay the loan under this contract shall be considered to be cancelled under the participant's debt. 2. The NIH Director may suspend the participant's obligation to repay the loan under this contract if: (a) the participant is unable to repay the loan under this contract, (b) the participant is unable to repay the loan under this contract, (c) the participant is unable to repay the loan under this contract, (d) the participant is unable to repay the loan under this contract, (e) the participant is unable to repay the loan under this contract, (f) the participant is unable to repay the loan under this contract, (g) the participant is unable to repay the loan under this contract, (h) the participant is unable to repay the loan under this contract, (i) the participant is unable to repay the loan under this contract, (j) the participant is unable to repay the loan under this contract, (k) the participant is unable to repay the loan under this contract, (l) the participant is unable to repay the loan under this contract, (m) the participant is unable to repay the loan under this contract, (n) the participant is unable to repay the loan under this contract, (o) the participant is unable to repay the loan under this contract, (p) the participant is unable to repay the loan under this contract, (q) the participant is unable to repay the loan under this contract, (r) the participant is unable to repay the loan under this contract, (s) the participant is unable to repay the loan under this contract, (t) the participant is unable to repay the loan under this contract, (u) the participant is unable to repay the loan under this contract, (v) the participant is unable to repay the loan under this contract, (w) the participant is unable to repay the loan under this contract, (x) the participant is unable to repay the loan under this contract, (y) the participant is unable to repay the loan under this contract, (z) the participant is unable to repay the loan under this contract.

Section E - Contract Termination

1. The NIH Director may terminate this Contract if, not later than 45 days before the end of the fiscal year in which the Contract was entered into, the individual: (a) fails to repay the loan under this contract, (b) fails to repay the loan under this contract, (c) fails to repay the loan under this contract, (d) fails to repay the loan under this contract, (e) fails to repay the loan under this contract, (f) fails to repay the loan under this contract, (g) fails to repay the loan under this contract, (h) fails to repay the loan under this contract, (i) fails to repay the loan under this contract, (j) fails to repay the loan under this contract, (k) fails to repay the loan under this contract, (l) fails to repay the loan under this contract, (m) fails to repay the loan under this contract, (n) fails to repay the loan under this contract, (o) fails to repay the loan under this contract, (p) fails to repay the loan under this contract, (q) fails to repay the loan under this contract, (r) fails to repay the loan under this contract, (s) fails to repay the loan under this contract, (t) fails to repay the loan under this contract, (u) fails to repay the loan under this contract, (v) fails to repay the loan under this contract, (w) fails to repay the loan under this contract, (x) fails to repay the loan under this contract, (y) fails to repay the loan under this contract, (z) fails to repay the loan under this contract.

Discharge Background

An individual from a disadvantaged background (DCDF) is one who comes from a family with annual income below low-income threshold according to family size as published by the U.S. Bureau of Economic Analysis, and is eligible for the Disadvantaged Background (DCDF) program. The Disadvantaged Background (DCDF) program is a loan repayment program for individuals who are eligible for the program. The Disadvantaged Background (DCDF) program is a loan repayment program for individuals who are eligible for the program. The Disadvantaged Background (DCDF) program is a loan repayment program for individuals who are eligible for the program.

I have received a scholarship from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need. I have a written statement from my former health professional employer that I qualified for Federal Discharge of Student Loan Obligations during my service at the site.

I understand that my participation in this application is a voluntary action, and that I understand that my participation in this application is a voluntary action, and that I understand that my participation in this application is a voluntary action.

I certify that I have read the above statements in their entirety, understand their meaning, and understand that my participation in this application is a voluntary action. I understand that my participation in this application is a voluntary action, and that I understand that my participation in this application is a voluntary action.

* Legal Name: First Name: Middle Name: Last Name: - Select Suffix -

Legal reporting for this collection of information is restricted to eligible entities, including the time for reviewing transcripts, inspecting existing data records, gathering and retaining the data needed, and compiling and entering the collection of information. An agency may not conduct or sponsor, and a person may not respond to, a collection of information unless it displays a certain control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Project Clearance Branch, NIH Building One, 402 7th Ave., Bethesda, MD 20814-7085. Do not send this completed form to this address. HHS-2014-10-20-0001

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