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2023-2024 School Data Collection Worksheet

Program	School	Discipline	Degree
Nurse Corps Scholarship Program	Capella University	Registered Nurse	Bachelor's

Data Collection Worksheets

Thank you for creating a DCW! The form can be completed in 3 easy steps. Please note that all information must be filled in properly to avoid any processing errors, which could result in delayed and/or incorrect payments, which may adversely affect the student.

1. Tuition

Enter the Resident (In-State) and Non-resident (Out-of-State) tuition for the entire ACADEMIC year for 1st, 2nd, 3rd, and 4th Year Students. If your school's degree program is less than 4 years, only enter amounts for each year of your program. For example, two year programs would only enter values in the first two columns for 1st and 2nd Year Students. You MUST enter values for every year of your program, even if your costs are estimated to be the same for students regardless of which year they are in the program. If your institution uses a semester system; please include the tuition amount to be enrolled in as a full-time student for each semester (summer, fall, and spring semesters (3 semesters)). If your institution uses a quarter system; please include the tuition amount to be enrolled in as a full time student for a fall, winter, spring, and summer quarter (4 quarters).

All fields are required unless noted as optional.

	<i>1ST YEAR STUDENT</i>	<i>2ND YEAR STUDENT (Optional)</i>	<i>3RD YEAR STUDENT (Optional)</i>	<i>4TH YEAR STUDENT (Optional)</i>
Resident	\$0	\$0	\$0	\$0
Non-Resident	\$0	\$0	\$0	\$0

2. Fees (Optional)

Please enter in the fee amount for an entire ACADEMIC year for each fee type. The fee types listed are the only eligible fees for the Nurse Corps Scholarship Program. As institutions may have varying names for the types of fees on the form, if a required fee at your institution does not fit into any of the fee categories noted, please list that fee in the "Other" heading. You will only be allowed to add 1 other fee. Please note that "Other" fees may not be eligible for reimbursement due to Nurse Corps Scholarship Program fee restrictions.

The following fields are optional.

	<i>1ST YEAR STUDENT</i>	<i>2ND YEAR STUDENT (Optional)</i>	<i>3RD YEAR STUDENT (Optional)</i>	<i>4TH YEAR STUDENT (Optional)</i>
Academic Support Services Fee	\$0	\$0	\$0	\$0
Administrative Fee	\$0	\$0	\$0	\$0
Background Check Fee	\$0	\$0	\$0	\$0
Campus Facility Fee	\$0	\$0	\$0	\$0
Capstone Course (if	\$0	\$0	\$0	\$0

	<i>1ST YEAR STUDENT</i>	<i>2ND YEAR STUDENT (Optional)</i>	<i>3RD YEAR STUDENT (Optional)</i>	<i>4TH YEAR STUDENT (Optional)</i>
required)				
Career Resource Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Computer Use Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Counseling Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Curriculum Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Disability Insurance (if required of all students)	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Drug Screening	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Education Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Graduation Fee - for students in last year of program	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Health Insurance - for students only (if required)	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Health Services Fee and Immunizations	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

	<i>1ST YEAR STUDENT</i>	<i>2ND YEAR STUDENT (Optional)</i>	<i>3RD YEAR STUDENT (Optional)</i>	<i>4TH YEAR STUDENT (Optional)</i>
Laboratory Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Library Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Malpractice Insurance (if required)	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Materials Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Matriculation Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
NCLEX Review	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Online Tuition - Course	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Processing Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Recreation Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Registration Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Student Activities Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

	<i>1ST YEAR STUDENT</i>	<i>2ND YEAR STUDENT (Optional)</i>	<i>3RD YEAR STUDENT (Optional)</i>	<i>4TH YEAR STUDENT (Optional)</i>
Student Association & Union Campus Services	\$0	\$0	\$0	\$0
Student Government Fee	\$0	\$0	\$0	\$0
Student Initiated Fee	\$0	\$0	\$0	\$0
Student Services Fee	\$0	\$0	\$0	\$0
Technology Fee	\$0	\$0	\$0	\$0
Testing for Course Advancement	\$0	\$0	\$0	\$0
Transcript/Letter Fee	\$0	\$0	\$0	\$0
Transportation Fee	\$0	\$0	\$0	\$0
University Fee	\$0	\$0	\$0	\$0
Other Fees	\$0	\$0	\$0	\$0

3. Other Reasonable Costs (ORCS) (Optional)

Please enter the ORC amount for an entire ACADEMIC year for each ORC type. The Nurse Corps Scholarship Program only offers ORC amounts for the following three three categories: Books, Clinical Supplies/instruments, and Uniforms.

The following fields are optional.

	<i>1ST YEAR STUDENT</i>	<i>2ND YEAR STUDENT (Optional)</i>	<i>3RD YEAR STUDENT (Optional)</i>	<i>4TH YEAR STUDENT (Optional)</i>
Books	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Clinical Supplies	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Uniforms	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Comments (Optional)

Add New Comment

Upload Documents (Optional)

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Public Burden Statement: The purpose of the Nurse Corps Scholarship Program (Nurse Corps SP) is to provide scholarships to nursing students in exchange for a minimum two-year full-time service commitment (or part-time equivalent), at an eligible health care facility with a critical shortage of nurses. The information that applicants supply is used to evaluate their eligibility, qualifications and to assess their continued compliance with the applicable standards for participation in the Nurse Corps SP. The OMB control number for this information collection is 0915-0301 and it is valid until xx/xx/xx. This information collection is required to obtain a benefit (Section 846(d) of the Public Health Service Act (42 United States Code 297n (d)), as amended). 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.