

## 1. Instruction for Recommenders - Recommendation Letter 1

### *Subject*

Letter of Recommendation Request

### *Body*

**{applicantName}** has requested that you complete a letter of recommendation for his/her scholarship application for the Health Resources and Services Administration (HRSA) National Health Service Corps Scholarship Program (NHSC).

In order to complete this recommendation, please select the following link: **[Link Provided]**  
Once you have navigated to the letter of recommendation page, please confirm that all of the information is accurate for both you and the applicant. You will have the ability to electronically upload the letter of recommendation. Please note that the applicant will not be allowed to submit their finalized application until your recommendation has been submitted to the NHSC. **All Letters of Recommendations must be on letterhead or signed and dated by the recommender.**

If you have any questions, please contact the Customer Care Center at [1-800-221-9393](tel:1-800-221-9393) (TTY: [1-877-897-9910](tel:1-877-897-9910)) Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET.

Sincerely,  
National Health Service Corps Scholarship Program

## 2. Instructions for Recommender - Recommendation Letter 2

### *Subject*

Letter of Recommendation Request

### *Body*

**{applicantName}** has requested that you complete a letter of recommendation for his/her scholarship application for the Health Resources and Services Administration (HRSA) National Health Service Corps Scholarship Program (NHSC).

In order to complete this recommendation, please select the following link: **[Link Provided]**  
Once you have navigated to the letter of recommendation page, please confirm that all of the information is accurate for both you and the applicant. You will have the ability to electronically upload the letter of recommendation. Please note that the applicant will not be allowed to submit their finalized application until your recommendation has been submitted to the NHSC. **All Letters of Recommendations must be on letterhead or signed and dated by the recommender.**

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Sincerely,  
National Health Service Corps Scholarship Program

**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/xxxx. This information collection is required to obtain or retain a benefit (NHSC SP: Section 338A, Section 338C-H of PHS Act; NHSC S2S: Section 338B and Section 331(i) of the PHS Act; NHHSP: 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 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).