



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

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.