

## NIH REFERENCE CENTER

### SIGN-IN FOR FINANCIAL AID OFFICERS

**Important note before you begin:**

The login credentials provided are valid for a single use, please only proceed if you are prepared to submit the Exceptional Financial Need (EFN) form for ~~your application~~ application to the ~~Undergraduate Scholarship Program~~ now. If not, we recommend that you return later to submit it.

Please proceed only if you plan to submit the EFN form now.

[Continue](#)

#### Support

Are you having trouble signing in? Request new [access codes](#).

#### Security Guidelines

You are responsible for maintaining the privacy and confidentiality of this account, including your access codes. By using this system you agree to [notify us](#) immediately of any unauthorized use of your account or suspected breach of security.

For privacy and security reasons, access codes are valid for one session only. You will need to use a new code for each session.

To keep your activity secure, please follow these tips:

- Do not share access codes or email notifications with applicants or anyone else.
- If you suspect that someone has accessed your account, please [contact us](#) immediately and [request new access codes](#).
- Always sign out when you have completed your session.

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MAIN



### Exceptional Financial Need (EFN) form for [REDACTED]

[REDACTED] has submitted an application to the ~~Undergraduate Scholarship Program (UGSP)~~ and has listed you as the financial aid officer. You must use this system to submit an Exceptional Financial Need (EFN) form.

**Important:** The EFN submission deadline for the UGSP is May 17, 2024 at 12:00 noon (ET). No submission will be accepted after that date.

Please note: For security and privacy reasons, access codes are valid for one session only. If you wish to view or modify your form later, you will need to request a new access code.

[Begin EFN Submission >>](#)

More information about the [Undergraduate Scholarship Program \(UGSP\)](#)

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EFN FOR ██████████



OMB No.: 0925-0299  
Expiration: 31 May 2024



**Instructions:** Please complete the form below and press the [Preview & Continue] button at the bottom of the page to review your entry.

██████████ has submitted an application to the ██████████ Scholarship Program (USCP). As part of the application, the student has agreed to release their financial aid information. If your university requires an additional release, please contact ██████████ ██████████ directly to obtain authorization.

### Exceptional Financial Need (EFN) form

The NIH ██████████ Scholarship Program (USCP) is a program for undergraduate students from disadvantaged backgrounds who are committed to careers in biomedical, behavioral, and social science research. The program provides scholarship recipients up to \$20,000 per academic year for tuition, educational, and reasonable living expenses. Students qualify for 'Exceptional Financial Need (EFN)' based on either their family's 2022 or 2023 tax forms. To be eligible, their family's Adjusted Gross Income (AGI) must be less than or equal to the values listed in the provided EFN table. Please use the attached form to indicate whether the student is eligible for award, provide the financial aid officer information requested on the form and forward it to us using the email address provided.

#### Enrollment Status:

Is this student enrolled or accepted for enrollment as a full-time student for the Year-Range academic year?

If currently enrolled, is this student in good standing?

What is the anticipated graduation date (MM/YYYY) for this student?

Month:  Year:

#### Exceptional Financial Need Status:

Does this student meet the threshold for EFN status for the Year-Range academic year, based on either 2023 or 2022 tax information? ([see table](#))

Tax year during which the student meets the EFN status:

#### Educational Institution:

Name of school:

University's Unique Entity Identifier Number:  (Optional)

#### Financial Aid Administrator:

Prefix:

First name:

Last name:

Email address:

Telephone:

Fax Number:  (Optional)

[Preview & Continue](#)

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 10 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.