

Below are screenshots of the NHSC and Nurse Corps Interest Capture Form, which can be accessed on the HRSA website at <https://bhwh.hrsa.gov/about-us/ask-question>.

Ask Us a Question

Contact us about our loan repayment or scholarship programs.

Required fields are marked with an asterisk (*).

Step 1 of 2

I am a(n) *

Submit

Ask Us a Question

Contact us about our loan repayment or scholarship programs.

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Step 1 of 2

I am a(n) *

Select Role

Select Role

Applicant

Participant/Scholar

State PCO Member

Applicant Recommender

School Representative

Site POC

HPSA POC

Ask Us a Question

Contact us about our loan repayment or scholarship programs.

Required fields are marked with an asterisk (*).

Step 2 of 2

Name *

Phone Number *

Enter as nnn-nnn-nnnn.

Email Address *

Program *

Application or Participant ID #

BHW ID/UDS #

Subject *

Message *

This field has a 1000 character limit

Submit

Program *

Choose a Program

Choose a Program

Faculty Loan Repayment Program

NHSC Loan Repayment Program

NHSC Scholarship Program

NHSC Students to Service Loan Repayment Program

Nurse Corps Loan Repayment Program

Nurse Corps Scholarship Program

Substance Use Disorder Treatment and Recovery Loan Repayment Program

Subject *

Choose a Subject

Choose a Subject

Application Assistance

Application Status

Confirmation of Interest

Employment Verification

Loans

Login Issue/Password Reset

Site Eligibility

Site Point of Contact

Technical Error

Withdraw Application

Other

Ask Us a Question

Thank you for contacting us. We'll respond as soon as we can.

The purpose of this information collection is to obtain data from inquires for the following: Prospective HRSA program participants. In addition, these data will facilitate the ability to share resources regarding BHW discretionary programs and nurse loan repayment assistance programs. 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 0915-0337 and it is valid until xx/xx/20xx. This information collection is voluntary. 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 13N82, Rockville, Maryland, 20857.