

## 2025-2026 School Data Collection Worksheet

Program	School	Discipline	Degree
NHSC Scholarship Program			

### Data Collection Worksheets

Thank you for creating a DCW! The form can be completed in 4 easy steps. For any questions on filling out this information please contact NHSC SP at [nhscsp@hrsa.gov](mailto:nhscsp@hrsa.gov).

#### 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.

*All fields are required unless noted as optional.*

	1ST YEAR STUDENT	2ND YEAR STUDENT	3RD YEAR STUDENT	4TH YEAR STUDENT
<b>Resident</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Non-Resident</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

#### 2. School Incurred Fees (Optional)

Review and enter amounts for the list of items grouped under School Incurred Fees. These fees are incurred by the school as part of the tuition and required fees. The NHSC SP would expect items defined as Fees to be included in the tuition invoice submitted by the school and reimbursed by NHSC SP directly to the school.

*The following fields are optional.*

	1ST YEAR STUDENT	2ND YEAR STUDENT	3RD YEAR STUDENT	4TH YEAR STUDENT
<b>Surcharge (Tuition)</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Education Fee</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

	1ST YEAR STUDENT	2ND YEAR STUDENT	3RD YEAR STUDENT	4TH YEAR STUDENT
University Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Administrative 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"/>
Curriculum Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Equipment Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Instrument Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Academic Support Services Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Health Services Fees and Immunizations	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Campus Transportation Fees	<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"/>
Student Services Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Laboratory Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Campus Facility Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Technology Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Computer Lab 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"/>
Processing Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Campus Life Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Other Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Immunizations	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

	1ST YEAR STUDENT	2ND YEAR STUDENT	3RD YEAR STUDENT	4TH YEAR STUDENT
<b>Graduation Fee</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Professional Association Dues</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>School ID Cards/ID Fees</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

### 3. Student Expenses (Optional)

Review and enter amounts for the list of items grouped under Student Expenses. The Student Expenses or Other Reasonable Costs (ORC) amount is paid by the NHSC SP directly to the student to cover additional reasonable expenses incurred by the student that are not covered under the tuition and fees billed by the school. The NHSC SP will disburse a one-time Other Reasonable Cost (ORC) payment to the student when they receive their first monthly stipend.

*The following fields are optional.*

	1ST YEAR STUDENT	2ND YEAR STUDENT	3RD YEAR STUDENT	4TH YEAR STUDENT
<b>Books</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Uniforms</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Clinical Supplies</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Microscope</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Instruments</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>National Board</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Computer/Software</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>CPR Certification Fee</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Miscellaneous</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Clinical Rotation/Travel Fee</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

### 4. Insurance (Optional)

Review and enter amounts for the list of items grouped under Insurance. Insurance items may be incurred by the school as part of the tuition and required fees or incurred as an ORC by the Student. Please complete the form based on if the cost of insurance is incurred by the school or incurred by the student.

*The following fields are optional.*

	1ST YEAR STUDENT	2ND YEAR STUDENT	3RD YEAR STUDENT	4TH YEAR STUDENT
<b>Health Insurance (school incurred)</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Malpractice Insurance (school incurred)</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Disability Insurance (school incurred)</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Health Insurance (student incurred)</b>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>Disability Insurance (student incurred)</b>	<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

Enter text here...

### Upload Documents (Optional)

Select or Drop File Here

Approve DCW

Submit DCW

Cancel

## Questions?

Contact your BMISS expert for help.

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### Resources

- Virtual Job Fairs
- BHW FAQ Library
- Learn more about the NHSC
- BMISS Status Glossary
- User Guides
- Learn more about the Nurse Corps

### Quick Links

- HRSA.gov
- Health Workforce Connector
- About HRSA
- HRSA Data Warehouse
- HHS Privacy Act

**Public Burden Statement:** The purpose of this information collection is to obtain information through the NHSC SP and the NHSC S2S LRP, that is used to assess an applicant's eligibility, qualifications as well as monitor program participants' enrollment in school, postgraduate training, and compliance with program requirements. 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 mandatory (Sections 338A-H of the Public Health Service Act [42 USC 254I-q], as amended). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. 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 Health Resources and Services Administration Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857.