

OMB No: 0915-0146 Expiration Date: xx/xx/xxxx

U.S. Department of Health and Human Services Health Resources & Services Administration Papa Ola Lōkahi

Title 42 USC Chapter 122 Section 11709 - Native Hawaiian Health Scholarship Program Acceptance/Verification of Good Standing Form

APPLICANT'S/SCHOLAR'S NAME	DEGREE(i.e., masters of science in nursing)	
COLLEGE/UNIVERSITY NAME	PROJECTED GRADUATION MO/YR	
THIS Program Course Curriculur	m document MUST BE (COMPLETED and RETURNED to NHHSP
APPLICANT applied for Admission or is Enrolled at 20 . APPLICANT will be enrolled OR is anticipal (identified above) for the Academic Year 202x-202	ted to be enrolled Full-Tim	e/University since/for the Academic Year 20 - ne in an undergraduate/graduate degree-seeking program
LIST Degree Program C	:URRICULUM from (start o	of) FIRST YEAR to COMPLETION
e.g. FA	ALL <u>2020</u> Months: <u>Augu</u>	<u>ıst - December</u>
Summer (Year)	Months:	Year One
Course Number	Credit Hours	Course Title
		 ·
Fall (Year) Course Number	Months: Credit Hours	Course Title
Course Number	credit riodis	course rine
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NHHSP Applicant Signature

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Spring	(Year)	Months:	Expiration Date: XX/XX/20XX Year One
Course Number		Credit Hours	Course Title
Summer	(Year)	Months:	Year Two
Course Number		Credit Hours	Course Title
e. II	/v/		
Fall	(Year)	Months:	
Course Number		Credit Hours	Course Title
			
Spring	(Year)	Months:	
Course Number		Credit Hours	Course Title
		<u> </u>	
			
		<u> </u>	

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Summer	(Year)	Months:	Year Three
Course Number		Credit Hours	Course Title
		<u> </u>	
Fall	(Vear)	Months:	
Course Number	(rear)	Credit Hours	Course Title
Course Humber		Great Hours	course mile
		<u> </u>	
			
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Spring	(Year)	Months:	
Course Number		Credit Hours	Course Title
Summer	(Year)	Months:	Year Four
Course Number		Credit Hours	Course Title
			<u></u>
			

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Fall (Y	'ear)	Months:	Expiration Date: XX/XX/20XX Year Four
Course Number		Credit Hours	Course Title
Spring(Course Number	(Year)	Months: Credit Hours	Course Title
(Term)	(Vear)	Months:	
Course Number	(Teal)	Credit Hours	Course Title
(Term) Course Number	(Year)	Months: Credit Hours	Course Title

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Public Burden Statement: The purpose of this information collection is to obtain information through the Native Hawaiian Health Scholarship Program that is used to assess a scholarship applicant's eligibility and qualifications for the NHHSP. Clinicians interested in participating in the NHHSP must submit an application to the Native Hawaiian Health Scholarship Program. 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 (The Native Hawaiian Health Care Improvement Act of 1992, as amended [42 U.S.C. 11709]). 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857.