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

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.

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*
Resident	$0	$0	$0	$0
Non-Resident	$0	$0	$0	$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*
Surcharge (Tuition)	$0	$0	$0	$0
Education Fee	$0	$0	$0	$0

	1ST YEAR STUDENT	2ND YEAR STUDENT	3RD YEAR STUDENT	4TH YEAR STUDENT
University Fees	$0	$0	$0	$0
Administrative Fee	$0	$0	$0	$0
Matriculation Fee	$0	$0	$0	$0
Curriculum Fee	$0	$0	$0	$0
Equipment Fee	$0	$0	$0	$0
Instrument Fee	$0	$0	$0	$0
Academic Support Services Fee	$0	$0	$0	$0
Health Services Fees and Immunizations	$0	$0	$0	$0
Campus Transportation Fees	$0	$0	$0	$0
Student Activities Fee	$0	$0	$0	$0
Student Services Fee	$0	$0	$0	$0
Laboratory Fees	$0	$0	$0	$0
Campus Facility Fee	$0	$0	$0	$0
Technology Fee	$0	$0	$0	$0
Computer Lab Fee	$0	$0	$0	$0
Recreation Fee	$0	$0	$0	$0
Processing Fee	$0	$0	$0	$0
Campus Life Fee	$0	$0	$0	$0
Other Fees	$0	$0	$0	$0
Immunizations	$0	$0	$0	$0

	1ST YEAR STUDENT	2ND YEAR STUDENT	3RD YEAR STUDENT	4TH YEAR STUDENT
Graduation Fee	$0	$0	$0	$0
Professional Association Dues	$0	$0	$0	$0
School ID Cards/ID Fees	$0	$0	$0	$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
Books	$0	$0	$0	$0
Uniforms	$0	$0	$0	$0
Clinical Supplies	$0	$0	$0	$0
Microscope	$0	$0	$0	$0
Instruments	$0	$0	$0	$0
National Board	$0	$0	$0	$0
Computer/Software	$0	$0	$0	$0
CPR Certification Fee	$0	$0	$0	$0
Miscellaneous	$0	$0	$0	$0
Clinical Rotation/Travel Fee	$0	$0	$0	$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
Health Insurance (school incurred)	$0	$0	$0	$0
Malpractice Insurance (school incurred)	$0	$0	$0	$0
Disability Insurance (school incurred)	$0	$0	$0	$0
Health Insurance (student incurred)	$0	$0	$0	$0
Disability Insurance (student incurred)	$0	$0	$0	$0

Comments (Optional)

Add New Comment

Enter text here...

Upload Documents (Optional)

Select or Drop File Here

Approve DCW | Submit DCW | Cancel

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 254l-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.