Scholarships for Disadvantaged Students Program Specific Data Forms

OMB Approval No: 0906-0073
Expiration Date: xx/xx/xxxx

Fields marked with an asterisk (*) are required

Program Specific Information

*__Note__: The institution **MUST** be a public or non-profit institution, in order to be eligible for SDS funds for any discipline. The following list of disciplines is the **ONLY** exception to the rule

- Nursing (Associate, Baccalaureate, Diploma or Graduate)
- Physician Assistant (Associate, Baccalaureate or Graduate)

(For example: If the institution is applying for any of the disciplines mentioned above, it need **NOT** be public or non-profit).

Scholarships for Disadvantaged Students

To be eligible a school/program must be accredited by the relevant accrediting body.

* Current Fiscal Year
(Select the fiscal year date that is provided in the current SDS Funding Opportunity Announcement cover page)

* ADD DISCIPLINE

Select your Discipline

* A. PUBLIC OR NON PROFIT INSTITUTION

Is your school/program an accredited public or an accredited non profit institution? ☐ Yes ☐ No

Contact Information

* B. POINT OF CONTACT

Person Information

Title

* First Name

* Last Name

* Email Address

* Phone Number ( ) - Ext:

STUDENTS BY RACE AND ETHNICITY (DISCIPLINE:)

C. FULL-TIME STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEARS 202x-202x (7/1/20/2x - 6/30/202x) AND THEIR RACIAL/ETHNIC BACKGROUNDS

1. Hispanic or Latino Students

* Did your program have full-time students of "Hispanic or Latino Ethnicity"? ☐ Yes ☐ No

Hispanic or Latino Students by Race	Number of Full-time Students Enrolled for Academic Year (7/1/202x - 6/30/202x)	Number of Full-time Students Enrolled for Academic Year (7/1/202x - 6/30/202x)	Number of Full-time Students Enrolled for Academic Year (7/1/202x - 6/30/202x)
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Middle Eastern or North African			
e. Native Hawaiian or Other Pacific Islander			
f. White			
g. More Than One Race			
h. Race Not Reported			
Sub Total			

2. Non-Hispanic or Non-Latino Students

* Did your program have full-time students of "Non-Hispanic or Non-Latino Ethnicity"? ☐ Yes ☐ No

Non-Hispanic or Non-Latino Students by Race	Number of Full-time Students Enrolled for Academic Year (7/1/202x - 6/30/202x)	Number of Full-time Students Enrolled for Academic Year (7/1/202x - 6/30/202x)	Number of Full-time Students Enrolled for Academic Year (7/1/202x - 6/30/202x)
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Middle Eastern or North African			
e. Native Hawaiian or Other Pacific Islander			
f. White			
g. More Than One Race			
h. Race Not Reported			
Sub Total			

Grand Total (Sum of Hispanic or Latino Students and Non-Hispanic or Non-Latino Students)			

PROGRAM INFORMATION (DISCIPLINE:)

*** D. TOTAL FULL-TIME CLASS ENROLLMENT AND FULL-TIME DISADVANTAGED BACKGROUND ENROLLMENT BY CLASS YEAR FOR STUDENTS IN YOUR HEALTH PROFESSION DEGREE PROGRAM FOR ACADEMIC YEARS 202x-202x (7/1/202x - 6/30/202x)**

Class Year	Total Full-Time Class Enrollment			Total Full-Time Disadvantaged Background Enrollment		
	Academic Year 7/1/202x - 6/30/202x	Academic Year 7/1/202x - 6/30/202x	Academic Year 7/1/202x - 6/30/202x	Academic Year 7/1/202x - 6/30/202x	Academic Year 7/1/202x- 6/30/202x	Academic Year 7/1/202x - 6/30/202x
First Year						
Second Year						
Third Year						
Fourth Year						
Fifth Year						
Sixth Year						
Total						
Of the total full-time students from disadvantaged backgrounds, enter the number of students who qualify as coming from a disadvantaged background under the economic (Part II) definition						

*** E. TOTAL FULL-TIME GRADUATES AND FULL-TIME DISADVANTAGED BACKGROUND GRADUATES FOR ACADEMIC YEARS 20xx-20xx (7/1/20xx - 6/30/20xx)**

	Academic Year 7/1/202x - 6/30/202x	Academic Year 7/1/202x - 6/30/202x	Academic Year 7/1/202x - 6/30/202x
Total full-time graduates			
Full-time disadvantaged background graduates			
Of the total full-time graduates for academic years (202x – 202x), enter the number of graduates that received SDS or similar scholarships for students from disadvantaged backgrounds			
Of the total full-time graduates for academic years (202x – 202x), enter the number of students who qualify as coming from a disadvantaged background under the economic disadvantaged definition			

* F. GRADUATES FROM YOUR PROGRAM SERVING IN PRIMARY CARE AND/OR MEDICALLY UNDERSERVED COMMUNITIES			
Primary Care			
	Academic Year 7/1/202x - 6/30/202x	**Academic Year 7/1/202x - 6/30/202x**	**Academic Year 7/1/202x - 6/30/202x**
Number of full-time graduates			
	Academic Year 7/1/202x - 6/30/202x	**Academic Year 7/1/202x- 6/30/202x**	**Academic Year 7/1/202x - 6/30/202x**
Of the full-time graduates, enter the number of graduates serving in primary care			
Of the full-time graduates serving in primary care (above), enter the number of graduates that received SDS funds or similar scholarships from disadvantaged backgrounds			
Medically Underserved Communities			
	Academic Year 7/1/202x- 6/30/202x	**Academic Year 7/1/202x- 6/30/202x**	**Academic Year 7/1/202x - 6/30/202x**
Number of full-time graduates			
	Academic Year 7/1/202x - 6/30/202x	**Academic Year 7/1/202x - 6/30/202x**	**Academic Year 7/1/202x - 6/30/202x**
Of the full-time graduates, enter the number of graduates practicing in medically underserved communities			
Of the full-time graduates practicing in medically underserved communities, enter the number of graduates that received SDS funds or similar scholarships from disadvantaged backgrounds			

* G. COST OF ANNUAL TUITION FOR A FULL-TIME HEALTH PROFESSION DEGREE (for state schools use in-state tuition)	
Cost of Tuition for a Full-Time Student for This Program	$

Public Burden Statement: The purpose of this information collection is to obtain performance data for the following: grantee monitoring, program planning and performance reporting. HRSA health workforce programs focus primarily on nursing education and practice, community-based training and faculty development for primary care physicians and physician assistants, the public health workforce, health careers training and development, oral health, and geriatrics in rural, underserved and high-need areas. In addition, these data will facilitate the ability to demonstrate alignment between BHW programs to fund grantee funding. 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 0906-0073 and it is valid until xx/xx/xxxx. 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.