



National Institutes of Health



Office of Intramural
TRAINING &
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Research & Training Opportunities

NIH Reference Center: Exceptional Financial Need Submission

OMB No.: 0925-0299

Expiration: 03/31/2027



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- Enter Information
- Preview & Save
- Review Confirmation

Please complete the form below and press the [Preview & Continue] button at the bottom of the page to review your entry.

Exceptional Financial Need Form

Enrollment Status:
Is this student enrolled or accepted for enrollment as a full-time student for the upcoming academic year?

If currently enrolled, is this student in good standing?

What is the anticipated graduation date (MM/YYYY) for this student?
Month: Year:

Exceptional Financial Need Status:
Does this student meet the threshold for EFN status for the current academic year, based on the required tax year information? ([see table](#))

Tax year during which the student meets the EFN status:

Educational Institution:
Name of school:

University's Unique Entity Identifier Number:
 (Optional)

Financial Aid Administrator:
Prefix:

First name:

Last name:

Email address:

Telephone:

Fax Number:
 (Optional)

Exceptional Financial Need Instructions

APPLICANT-NAME has submitted an application to the Undergraduate Scholarship Program (UGSP). As part of the application, the student has agreed to release their financial aid information. If your university requires an additional release, please contact APPLICANT-NAME (APPLICANT-EMAIL-ADDRESS) directly to obtain authorization.

The NIH Undergraduate Scholarship Program (UGSP) is a program for undergraduate students from financially disadvantaged backgrounds who are committed to careers in biomedical, behavioral, and social science research. The program provides scholarship recipients up to \$20,000 per academic year for tuition, educational, and reasonable living expenses. Students qualify for 'Exceptional Financial Need (EFN)' based on either their family's 2024 or 2025 tax forms. To be eligible, their family's Adjusted Gross Income (AGI) must be less than or equal to the values listed in the provided EFN table. Please use the attached form to indicate whether the student is eligible for award, provide the financial aid officer information requested on the form and forward it to us using the email address provided.

Enrollment Status for Current Current Academic Year:
2025-2026

Exceptional Financial Need (EFN) Status for Upcoming Academic Year: 2026-2027

Preview & Continue

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Completion of this collection form is voluntary and there are no penalties for not participating or withdrawing at any time. The collection information will be kept private to the extent provided by law. Information provided will be covered by the following SORNs: OPM/GOVT-1, OPM/GOVT-5, 09-90-0020, 09-25-0014, 09-25-0108, 09-25-0140, 09-25-0158, and 09-25-0165.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

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