

National Health Service Corps Loan Repayment Program

U.S. Department of Health and Human Services Health Resources and Services Administration

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

VERIFICATION REGARDING DISADVANTAGED BACKGROUND

For School Use Only – Must be completed by Financial Aid Official. Once completed, please return to the NHSC LRP applicant for submission with their program application.

Student's Name		Last 4 digits SSN
The Financial Aid Of	ficial identified below certifies	that the above-named student (check one below)
	□ is	is NOT
in or would have be	en eligible to participate in Fe	ped below). Students from a disadvantaged background have either participated deral Programs such as the "Scholarships for Disadvantaged Students," "Loans to cree Diversity Grant Program."
CRITERIA FOR DISAD	VANTAGED BACKGROUND ST	ATUS:
to enrol followin to be all Exam	l in and graduate from a healt g are provided as examples o l-inclusive. ples:	nhibited them from obtaining the knowledge, skills, and abilities required the professions or nursing school (Environmentally Disadvantaged). The f "Environmentally Disadvantages" for guidance only and are not intended
•	Person from a school district	low average SAT/ACT scores or below the average State test results. where 50 percent or less of graduates go to college.
	experiences.	physical or mental impairment that substantially limits participation in educational
	performance.	his or her primary language and for whom language is still a barrier to academic
•	Person who is first generation Person from a high school wh lunches.	to attend college. ere at least 30 percent of enrolled students are eligible for free or reduced price
		- OR -
Bureau, The Sec VII and ¹ Departn	adjusted annually for change retary defines a "low income VIII of the Public Health Servic nent's poverty guidelines. A fa	come below a level based on low-income thresholds established by the U.S. Census in the Consumer Price Index (Economically Disadvantaged). family" for various health professions and nursing programs included in Titles III, e Act as having an annual income that does not exceed 200 percent of the amily is a group of two or more individuals related by birth, marriage, or adoption to is not living with any relatives.
FINANCIAL AID OFFI	CIAL:	
Signature		Date
Printed Name		Phone Number
Email Address		Name of School

Applicant: Scan and upload this document to your NHSC LRP application **prior** to submitting your NHSC LRP application. You can access your application via the Customer Service Portal, at https://programportal.hrsa.gov/extranet/landing.seam.