

National Health Service Corps Scholarship Program

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

VERIFICATION REGARDING DISADVANTAGED BACKGROUND

(For School Use Only – Must be Completed by Financial Aid Official)

| Name of Student: | | Last 4 digits SSN:XXX-XX |
|---|--|---|
| The Financial Aid Official i | dentified below certi | ifies that the above-named student |
| | □is | □ is <u>NOT</u> |
| background have either p | articipated in or wou for Disadvantaged St | scribed below). Students from a disadvantaged ald have been eligible to participate in Federal Programs tudents," "Loans to Disadvantaged Students" or the |
| CRITERIA FOR DISADVANTAGED | BACKGROUND STATUS | |
| enroll in and graduate from a h provided as examples of "Envire Examples: Person from high school Person from a school dis Person who has a diagnor Person for whom English Person who is first gene Person from a high school Come from a family with a | ealth professions or nursionmentally Disadvantaged with low average SAT/ACT strict where 50 percent or lessed physical or mental impains not his or her primary languation to attend college. Of where at least 30 percent Offan annual income below a | from obtaining the knowledge, skills, and abilities required to ng school (Environmentally Disadvantaged). The following are d' for guidance only and are not intended to be all-inclusive. scores or below the average State test results. ss of graduates go to college. sirment that substantially limits participation in educational experiences. nguage and for whom language is still a barrier to academic performance. of enrolled students are eligible for free or reduced price lunches. R a level based on low-income thresholds established by the U.S. Census Price Index (Economically Disadvantaged). |
| VIII of the Public Health Service | Act as having an annual i of two or more individuals | health professions and nursing programs included in Titles III, VII and ncome that does not exceed 200 percent of the Department's poverty s related by birth, marriage, or adoption who live together or an |
| SUBMITTED BY: Signature & Date: | | |
| Name & Title: | | Phone Number: |
| E-Mail Address: | | Name of School: |

Student may upload signed form to the NHSC Scholar Portal: https://programportal.hrsa.gov/