

U.S. Department of Health and Human Services
National Institutes of Health

NIH Undergraduate Scholarship Program

**Undergraduate Institution
Certification**

Applicant's Instructions:

Please complete Section A. Give this form and one of the return envelopes to the financial aid office at the school at which you are enrolled or will be enrolled starting September 2004.

Undergraduate Institution's Instructions:

Please complete Section B and return the form in the envelope provided, or mail to National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2E28 (MSC 0230), Bethesda, Maryland 20892-0230. If you have any questions, please call 1-800-528-7689 or e-mail <ugsp@nih.gov>.

Section A — The applicant completes this section.

1. Applicant's Name (last, first, middle) Please print.

1a. Other Names Used (last, first, middle) (if any school records are maintained under that name)

2. Social Security Number (We collect your Social Security Number (SSN) to verify your identity, to determine your eligibility for the Undergraduate Scholarship Program, and to keep track of the federal funds you receive. We also use your SSN for servicing purposes under the Undergraduate Scholarship Program. We also use this information to determine the amount of that assistance. See Privacy Act Information in this package.)

_____ - _____ - _____

I authorize the institution indicated in Section B to release information about my academic, financial, service, and other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials. This release is valid for six months after completion of UGSP requirements.

Signature (Sign your full name in ink).

Date

Section B — To be completed by Academic Institution Financial Aid Office

1. Enrollment Status

Do you expect that this student will be enrolled full-time for the 2004–2005 academic year?

Yes No

If currently enrolled, is this student currently in good standing?

Yes No Not Applicable

Has this student been accepted for enrollment as a full-time student for the 2004–2005 academic year? (For new students.)

Yes No

What is the anticipated graduation date for this student?

Month _____ Year _____

2. Exceptional Financial Need Status Does this student qualify for "exceptional financial need" (EFN) status as defined by the Secretary, Department of Health and Human Services? (See back for definition of EFN.) Yes No

3. Additional Sources of Financial Support

_____ (name of student) has been awarded the following financial aid for the 2004–2005 academic year:

\$ _____ student loans \$ _____ institutional scholarships \$ _____ non-institutional scholarships/grants

Continuation of this financial aid support (will, will not) be reduced by receipt of NIH UGSP funding.

4. Calculation of Eligible Tuition, Education, and Living Expenses The UGSP scholarship covers up to \$20,000 per academic year toward (1) tuition, (2) reasonable education expenses, and (3) reasonable living expenses.

Tuition: What is the tuition amount for this student in the 2004–2005 academic year? \$ _____

Educational Expenses: What are the average educational expenses for the categories listed below during the 2004–2005 academic year?

Books \$ _____ Other (specify) \$ _____

Laboratory fees \$ _____ Other (specify) \$ _____

Living Expenses: What are the average room, board, and transportation expenses for the 2004–2005 academic year for this student?

Room \$ _____ Board \$ _____ Transportation \$ _____

5. Certification by Academic Institution Financial Aid Office

The undersigned institutional representative certifies that, to the best of his/her knowledge, the information reported above is accurate. This Certification should include the school's seal or office stamp.

Name of School _____

Financial Aid Administrator's Name (please print) _____ Title _____

Signature _____ Date _____

Telephone _____ Fax Number _____ E-mail Address _____

Instructions for Undergraduate Institution Certification Form NIH 2762-3

Exceptional Financial Need Status

Identification of Individuals from Disadvantaged Backgrounds (Scholarship applicants must be from disadvantaged backgrounds)

A student from a disadvantaged background is one who comes from a family with an annual income below a level based on low-income thresholds according to family size, as published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, DHHS, for use in all health professions programs.

Qualification of EFN Status. Applicants who qualify as having EFN status must provide the Financial Aid Director of their undergraduate institution total financial information, including: parent's income and spouse's income (if applicable), regardless of the student's taxable status, and must be of EFN, as defined by the Secretary, DHHS, (see above). This information must be certified by the Financial Aid Director and the institution's certification of an applicant's EFN status must be included with the UGSP application package.

*The Secretary, DHHS, will periodically publish these low-income levels in the Federal Register. (Please see the table below for the most recent determination of low-income levels). If family income for the most recent calendar year is less than the income level indicated on the chart below for the appropriate family size, students fulfill the definition of an individual having **exceptional financial need (EFN)**. Students certified as being of EFN are considered to be from disadvantaged backgrounds.*

Low-Income Levels—Secretary DHHS

| <i>Size of Parents' Family</i> (Includes only dependents listed on Federal income tax forms) | <i>Income Level</i> (Rounded to the nearest \$100. Adjusted gross income for calendar year 2002.) |
|--|---|
| 1 | \$17,960 |
| 2 | 24,240 |
| 3 | 30,520 |
| 4 | 36,800 |
| 5 | 43,080 |
| 6 | 49,360 |
| 7 | 55,640 |
| 8 | 61,920 |

Federal Register, August 5, 2003: 68 FR 46199