

Undergraduate Scholarship Program (UGSP)
Office of Intramural Training & Education (OITE)
National Institutes of Health (NIH)
Department of Health and Human Services (HHS)
2 Center Drive: Building 2 / Room 2E24
Bethesda, Maryland 20892-0230

Fax: 301-594-9606
Email: ugsp@nih.gov
Web: <https://www.training.nih.gov/programs/ugs>

Dear UGSP Applicant,

We are pleased that you are considering submitting an application to the NIH Undergraduate Scholarship Program (UGSP) for admission in Fall 2018. Applicants to the UGSP must fulfill the following eligibility requirements:

- United States citizen or United States permanent resident
- Enrolled or accepted for enrollment as a full-time student at an accredited 4-year undergraduate institution located in the United States of America
- Undergraduate Grade Point Average (GPA) of 3.3 or higher on a 4.0 scale or within the top 5 percent of your class
- Having Exceptional Financial Need (EFN) as certified by your undergraduate institution financial aid office (see page-3)

If you meet the first three requirements listed above, please complete questions 1 through 3 in Section-A of the Exceptional Financial Need (EFN) form prior to printing to ensure clarity for university and UGSP staff. Take all three pages of this document to your academic institution's financial aid office to confirm your EFN status. If you are transferring to another institution/university, send this form to the institution where you will be enrolling fall 2018. You can begin your UGSP application for Fall 2018 admission when the application opens on January 2, 2018. **Do not wait for your financial aid office to complete your EFN form to submit an application. You will receive a confirmation email about receipt of your EFN form by the close of the application deadline. Please note that we must receive your EFN form to further consider your application.**

Dear Financial Aid Officer,

The Undergraduate Institution's Financial Aid Office must complete all questions within Section-B. Please take care to make sure question 2 (Exceptional Financial Need Status) is completed, otherwise we cannot accept the EFN form and the student will receive an automatic rejection letter. We also recommend completion of question 3, but it is not required for submission. Please use tax information from 2016 or 2017 to complete this form.

2. REQUIRED: Exceptional Financial Need Status – FAFSA information used to complete this form must be from 2016 or 2017 tax information.
-Does this student meet the threshold for EFN status, see page 2 for definition, for the 2018-2019 academic year based on 2016 or 2017-tax information?
 yes (go to question 3) no (go to question 6)

Should you have any questions or concerns about eligibility or completing the EFN form, please contact Mr. Adrian Warren (adrian.warren@nih.gov or 301-402-3831) at your earliest convenience.

Best regards,
Darryl Murray, PhD
Director, UGSP
Email: murrayda@mail.nih.gov
Phone: 301-594-2222

Undergraduate Institution Certification for Exceptional Financial Need (EFN) Undergraduate Scholarship Program (UGSP) / National Institutes of Health (NIH) / U.S. Department of Health and Human Services (DHHS)	
Applicant's Instructions – Complete Section A. Give this form to the financial aid office at the 4-year college / university at which you are enrolled or will be enrolled in Fall 2018. <i>NOTE: FAFSA information used to complete this form must be taken from 2016 or 2017 taxes.</i>	Undergraduate Institution's Instructions – Complete Section B and return by March 2, 2018 either by fax (301-594-9606) or mail (ugsp@nih.gov) to: NIH Undergraduate Scholarship Program 2 Center Drive / Room 2E14 Bethesda, Maryland 20892-0230 Questions: call Mr. Adrian Warren at 301-402-3831 or e-mail ugsp@nih.gov.
SECTION A – The applicant completes this section. Items 1 through 3 may be completed before printing.	
1. Applicant's Name (last, first, middle)	1a. Other Names Used on Official Documents (last, first, middle)
2. University Student Identification Number	
3. Email Address Used for Your UGSP Application	
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 the UGSP application deadline. Signature (Sign your full name in ink) _____ Date _____	
SECTION B – The Undergraduate Institution Financial Aid Office must complete questions 1 through 6 before sending to the NIH UGSP. ~ ATTENTION: The UGSP will not accept this form unless Question-2 is completed, resulting in an automatic rejection letter to the student. ~	
1. REQUIRED: Enrollment Status -Is this student enrolled or accepted for enrollment as a full-time student for the 2018-2019 academic year? <input type="checkbox"/> yes <input type="checkbox"/> no -If currently enrolled, is this student in good standing? <input type="checkbox"/> yes <input type="checkbox"/> no -What is the anticipated graduation date for this student? _____	
2. REQUIRED: Exceptional Financial Need Status – FAFSA information used to complete this form must be from 2016 or 2017 tax information. -Does this student meet the threshold for EFN status, see page 2 for definition, for the 2018-2019 academic year based on 2016 or 2017-tax information? <input type="checkbox"/> yes (go to question 3) <input type="checkbox"/> no (go to question 6)	
3. RECOMMENDED: Calculation of Eligible Tuition, Education and Living Expenses for 2018-2019 The UGSP scholarship covers <u>up to</u> \$20,000.00 per academic year toward (1) tuition, (2) reasonable education expenses, and (3) reasonable living expenses. -Tuition: What is the tuition amount for this student? \$ _____ Tuition -Educational Expenses: What are the average educational expenses for the categories listed below? \$ _____ Books \$ _____ Laboratory Fees \$ _____ Other (specify) _____ \$ _____ Other (specify) _____ -Living Expenses: What are the average room, board, and transportation expenses? \$ _____ Room \$ _____ Board \$ _____ Transportation \$ _____ Total Expenses (Tuition + Education + Living Expenses)	4. REQUIRED: Addition Sources of Financial Support – The above-named student (Section A) has been awarded the following financial aid for 2018-2019 academic year: \$ _____ Student Loans \$ _____ Institutional Scholarships \$ _____ Non-Institutional Scholarships / Grants \$ _____ Total Financial Support Continuation of this financial aid support (<input type="checkbox"/> will <input type="checkbox"/> will not) be reduced by the receipt of NIH UGSP funding.
5. REQUIRED: Unmet Financial Need Total Expenses minus Total Financial Support \$ _____ Unmet Financial Need	
6. REQUIRED: Certification of 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 _____ University's 9 Digit DUNS (Data Universal Numbering System) Number: _____ Financial Aid Administrator's Name (please print) _____ Title _____ Signature _____ Date _____ Telephone _____ Fax Number _____ Email Address _____	

Public reporting burden for this collection of information is estimated to average 15-minutes per response, including the time for reviewing instructions. 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.

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 adjusted gross 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). The Financial Aid Director must certify this information 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

Academic Year Fall 2018 – Spring 2019		
Persons in Family (Include Only Dependents Listed on Federal Income Tax Forms)	Family Income Level (Adjusted Gross Income for Tax Year 2016) Federal Register: Volume 81, Number 15, 25 January 2016, Page 4036	Family Income Level (Adjusted Gross Income for Tax Year 2017) Federal Register: Volume 82, Number 19, 31 January 2017, Page 8831
1	\$23,760.00	\$24,120.00
2	\$32,040.00	\$32,480.00
3	\$40,320.00	\$40,840.00
4	\$48,600.00	\$49,200.00
5	\$56,880.00	\$57,560.00
6	\$65,160.00	\$65,920.00
7	\$73,460.00	\$74,280.00
8	\$81,780.00	\$82,640.00
More than 8 Persons	\$8,320.00 for Each Additional Person	\$8,360.00 for Each Additional Person

Privacy Act Notice

The primary use of information collected via the Office of Intramural Training and Education (OITE) online forms is to evaluate an applicant's qualifications for research training at the National Institutes of Health (NIH). Information may be used during admission consideration; in preparing appointment paperwork; and to provide data for training program evaluation. Information will be disclosed to investigators, members of advisory committees, OITE staff, and contractors working on our behalf. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Application for this program is voluntary, however, in order for the OITE to process an application, the applicant must complete the required fields.

The legal authority granted to NIH to train future biomedical scientists comes from several sources. Title 42 of the U.S. Code, Sections 241 and 282(b)(13) authorize the Director, NIH, to conduct and support research training for which fellowship support is not provided under Part 487 of the Public Health Service (PHS) Act (i.e., National Research Service Awards), and that is not residency training of physicians or other health professionals. Sections 405(b)(1)(C) of the PHS Act and 42 U.S.C. Sections 284(b)(1)(C) and 285-287 grant this same authority to the Director of each of the Institutes/Centers at NIH.