



Proof of Native Hawaiian Ancestry

Applicants are required to submit proof of Native Hawaiian Ancestry.

In accordance with 42.U.S.C.11711(3), “the term ‘Native Hawaiian’ means any individual who is

(A) a citizen of the United States, and

(B) a descendant of the aboriginal people who prior to 1778, occupied and exercised sovereignty in the area that now constitutes the State of Hawai‘i, as evidenced by –

- i. Genealogical records*
- ii. Kūpuna (elders) or Kama‘aina (long-term community residents) verification, or*
- iii. Birth records of the State of Hawai‘i.”*

Applicants will submit an original (with embossed seal) certificate of birth that verifies Native Hawaiian ancestry. If Hawaiian ancestry is not listed, the Applicant will enclose an original (with embossed seal) certificate of birth, of the Applicant’s Native Hawaiian parent, along with Applicant’s birth certificate. Those with names not matching the original certificate of birth will submit copies of documents (marriage certificate / legal name change) demonstrating such name change.

Certificates of birth will be submitted along with other pertinent documents identified in the Application Process, Documents, and Forms Checklist.

All birth certificate mailed to NHHSP will be returned to the Applicant after the close of the Application Period.

Mail required documents to: Native Hawaiian Health Scholarship Program
ATTN: NHHSP Administrative Assistant
894 Queen Street
Honolulu HI 96813

Due no later than April 30, 2018



Official College Transcript Instructions

Applicants must request their official College Transcripts from **ALL** previous and current College/University institutions.

Official College Transcript from all past and current College/University Institutions will be **submitted by your College/University directly** to:

Native Hawaiian Health Scholarship Program

ATTN: NHHSP Administrative Assistant

894 Queen Street

Honolulu, HI 96813

If your college offers digital copies of your official transcript, you may have them send the download link of your transcript documents to:

adminassist@nhhsp.org

NHHSP will not accept digital copies of official transcripts that are submitted via email from the applicant themselves. All digital Official Transcripts must come directly from applicants' educational institution via a download link or from the official .edu email addresses ONLY.

Due no later than April 30, 2018



College/University Acceptant Letter/Proof of Application

To be eligible for a 2018-2019 NHHSP award, Applicants are required to enroll in a fully accredited health profession degree program as a full-time student. Applicants must begin their course work by **September 30, 2018**.

NOTE: Ensure that program prerequisites are completed

For NHHSP Application Year 2018-2019, submit a copy of your College/University Acceptance Letter no later than **May 1, 2018**.

If your program begins in the Fall of 2018 and your college/university acceptance letter is not received by March 1, 2018, submit all correspondence from your college/university regarding your application (e.g. letter of conditional acceptance pending the completion of a prerequisite course, etc.).

The deadline to submit your Official College/University Acceptance Letter is May 1, 2018 at 4:00pm HST.

If you have any questions, contact the NHHSP Administrative Assistant at (808) 597-6550 ext.203 or email adminassist@nhhsp.org

Mail or email required documents to: Native Hawaiian Health Scholarship Program
ATTN: NHHSP Administrative Assistant
894 Queen Street
Honolulu HI 96813

Email: adminassist@nhhsp.org

Due no later than May 1, 2018

**U.S. Department of Health and Human Services
Health Resources & Services Administration
Papa Ola Lōkahi**



**Native Hawaiian Health Scholarship Program Application
Academic Year 2018-2019**

Applicants' Legal Name	Last 4-Digits of SSN
<hr/>	<hr/>
Home Address	Gender
<hr/>	<hr/>
City, State, Zip	Home Island
<hr/>	<hr/>
e-mail address	Date of Birth
<hr/>	<hr/>
	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home
	<hr/>
1. Did you apply for the NHHSP scholarship last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you received an NHHSP Scholarship before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.a. If "yes", what year did you receive the NHHSP scholarship?	<hr/>
3. What is your cumulative GPA? (do not include high school GPA)	<hr/>
4. What is the most advanced degree you have obtained?	<hr/>
4.a. When was this degree earned?	<hr/>
5. Have you received a letter of acceptance to the program of study for which you are seeking an NHHSP award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.a. If "yes", what is the date that you received your letter of acceptance?	<hr/>
5.b. If "no", what is the latest date you expect to receive your acceptance into your program(s)?	<hr/>
6. Select the degree program you are applying to or currently enrolled in?	
In order to be eligible for an NHHSP award, you must be enrolled in one of the recognized degree programs no later than September 30, 2018	
<hr/>	
7. If you are applying to your program of study this year, how many colleges did you apply to? (If you are already accepted into your program of study, indicate "Accepted")	<hr/>
Degree for which you are seeking an NHHSP award	<hr/>
<hr/>	

**U.S. Department of Health and Human Services
Health Resources & Services Administration
Papa Ola Lōkahi**



**Native Hawaiian Health Scholarship Program Application
Academic Year 2018-2019**

Please provide the name and contact information for no more than three Universities/Colleges you are applying to. If you are accepted into a program at an accredited University/College, please provide the name and contact information of the University/College you will be attending.

Applicant's University/College Name (First Choice)

Address

University/College Contact Person and Title

Phone #

Fax #

email

Applicant's University/College Name (Second Choice)

Address

University/College Contact Person and Title

Phone #

Fax#

email

Applicant's University/College Name (Third Choice)

Address

University/College Contact Person and Title

Phone #

Fax#

email

**U.S. Department of Health and Human Services
Health Resources & Services Administration
Papa Ola Lōkahi**



**Native Hawaiian Health Scholarship Program Application
Academic Year 2018-2019**

Instructions: Applicant to complete upper portion and have University/College Representative complete and sign the lower half, validating program information.

To be completed by Applicant:

Applicants' Legal Name

Last 4-Digits of SSN

Home Address

e-mail address

Phone Cell Home

Applicant's University/College Name

Address

To be completed by University/College Official:

Degree Program of Admittance/Enrollment

Degree/Certificate

Program Start Date

Projected Graduation Date

Length of program (circle one)

1 year 2 years 3 years 4 years

Status (circle one):

Part-time Full-time

Tuition/Fees Status (circle one)

Resident

Non-Resident

SAME regardless of residency

Classification (circle one)

1st year

2nd year

3rd year

4th year

Completed/Submitted by: (Print Name)

Title

Signature

Date

Phone #

Fax#

email

email required documents to:

Native Hawaiian Health Scholarship Program
adminassist@nhhsp.org



Memorandum Regarding Conflicting Federal Service Obligations

To: Native Hawaiian Health Scholarship Program

From

Print Name

Subject: Conflicting Service Obligations

I, _____, certify that I have **no** conflicting service obligations that would cause a breach of contract with the Native Hawaiian Health Scholarship Program.

NHHSP Applicant Signature

Date



Certification Regarding Debarment, Suspension, Disqualification and Related Matters

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an Applicant applying to enter into a covered transaction (which includes an application to participate in the Native Hawaiian Health Scholarship Program) is required to notify the Federal agency office if the Applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
 - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, and/or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
 - violation of Federal or State antitrust statutes; and/or
 - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records,
 - making false statements, tax evasion, receiving stolen property, making false claims, and/or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

The 2018-2019 NHHSP Applicant must sign the certification below which is applicable to his/her situation.

I certify that **none** of the above statements apply to me

OR

I certify that **one or more** of the above statements apply to me

NHHSP Print Name

NHHSP Applicant Signature

Date

**U.S. Department of Health and Human Services
Health Resources & Services Administration
Papa Ola Lōkahi**



**Title 42 USC Chapter 122 Section 11709 – Native Hawaiian Health Scholarship Program
Delinquent Federal Debt**

Applicants' Name

Last 4-Digits of SSN

e-mail address

Phone Cell Home

INSTRUCTIONS:

The Applicant is required to include this completed form along with their application, and other supporting documentation. Check the appropriate box below. If the "Yes" box is selected, provide an explanation in the space provided.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of guaranteed or student loans are any loans more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent by the Native Hawaiian Health Scholarship Program.

ARE YOU DELINQUENT ON THE REPAYMENT OF ANY FEDERAL DEBT(S)? Yes No

If your response is "Yes," provide an explanation in the space provided below. Include the name of the Federal Agency (to which debt is owed), type (student loan, HUD Mortgage, etc.), telephone number and name of contact person handling the debt, include the account number if different from your SSN. **You are required to provide a notarized power of attorney, in some cases the Federal Agency may require you to use their power of attorney document, authorizing the release of information to the NHHSP Division of Grants Operations to inquire about your debt. If authorization is not included, your application will not be considered for an award.**

Federal Agency	Type of Loan	Account #	Contact Name	Phone #

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded a scholarship, that I am liable for repayment of all awarded funds and, further, any

NHHSP Applicant Signature

Date

Sample Power of Attorney:

I, _____ of _____
[print student's name] [insert address]

hereby authorize the Native Hawaiian Health Scholarship Program _____
[insert address of organization-in-fact]

to inquire on my debt to the _____, for my benefit to remain eligible as
[insert organization]
an NHHSP scholarship applicant.

This **Power of Attorney** is granted for a period of one year and shall become effective on _____
[date]
and shall terminate on _____.
[date]

Specified Date

Executed this _____ day of _____, 20____ at _____.
[day] [month] [year] [time]

[print name] [signature]

Notary Acknowledgement

State of _____; County of _____.

On this the _____ day of _____, 20____, before me _____,
[day] [month] [year] [insert name of notary]

the undersigned officer, personally appeared _____, [
print student's name]

known to me or proven satisfactorily to be the person whose name is subscribed to the within instrument,
and acknowledge that he or she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my name and official seal.

[signature of notary]

My Commission Expires: _____
[insert official seal]



Authorization to Release Information

As an applicant to the Native Hawaiian Health Scholarship Program (NHHSP),

I,

Print First Name

Middle Initial

Last Name

hereby authorize the College/University where I am/was enrolled, to disclose information to NHHSP, Papa Ola Lokahi Inc. (POL) and the U.S. Department of Health and Human Services (DHHS), pertaining to my enrollment while participating in NHHSP. "Information pertaining to my school enrollment" includes, but not limited to, my college transcript and grades, academic standing, enrollment and degree status, curriculum and examination requirements for graduation, tuition and fees, and leave-of-absence, withdrawal, or dismissal from school.

If I become a participant in NHHSP, I also authorize any post-degree training program for which I received a deferment from the NHHSP to disclose to POL and DHHS information pertaining to my participation in the post degree program including, but not limited to, my curriculum, status in the program, completion date, examination requirements, and my leave-of-absence, withdrawal or dismissal from the program.

The above authorizations take effect on the date indicated below with my signature.

In addition, I hereby authorize POL and DHHS, **to release my name, addresses and social security number to see if I appear on the Excluded Parties List System.** This authorization takes effect on the date I sign this release form. If I do not become an NHHSP participant, this authorization shall remain in effect until **November 30, 2018.**

If I become an NHHSP participant, all of the above authorizations shall remain in effect until the date my NHHSP scholarship commitment has been fulfilled or these authorizations have been revoked by me in writing.

NHHSP Applicant Signature

Date

**U.S. Department of Health and Human Services
Health Resources & Services Administration
Papa Ola Lōkahi**



**Title 42 USC Chapter 122 Section 11709 – Native Hawaiian Health Scholarship Program
Program Course Curriculum**

APPLICANTS' NAME

DEGREE(i.e., masters of science in nursing)

COLLEGE/UNIVERSITY NAME

PROJECTED GRADUATION MO/YR

THIS Program Course Curriculum document MUST BE COMPLETED and RETURNED to NHHSP

APPLICANT applied for Admission or is Enrolled at above-mentioned College/University since/for the **Academic Year 20__ - 20__**. APPLICANT will be enrolled OR is anticipated to be enrolled Full-Time in an undergraduate/graduate degree-seeking program (identified above) for the Academic Year **2018-2019**.

LIST Degree Program CURRICULUM from (start of) FIRST YEAR to COMPLETION

e.g. FALL 2019 Months: August - December

Summer _____ (Year)	Months: _____	Year One
Course Number	Credit Hours	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fall _____ (Year)	Months: _____	
Course Number	Credit Hours	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NHHSP Applicant Signature

Date

Spring _____ (Year)

Months: _____

Year One

Course Number

Credit Hours

Course Title

Summer _____ (Year)

Months: _____

Year Two

Course Number

Credit Hours

Course Title

Fall _____ (Year)

Months: _____

Course Title

Course Number

Credit Hours

Spring _____ (Year)

Months: _____

Course Title

Course Number

Credit Hours

Summer _____ (Year)

Months: _____

Year Three

Course Number

Credit Hours

Course Title

Fall _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

Spring _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

Summer _____ (Year)

Months: _____

Year Four

Course Number

Credit Hours

Course Title

Fall _____ (Year)

Months: _____

Year Four

Course Number

Credit Hours

Course Title

Spring _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

_____ (Term) _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title

_____ (Term) _____ (Year)

Months: _____

Course Number

Credit Hours

Course Title



The Native Hawaiian Health Scholarship Program

2018-2019 Application – Applicant Resume Form

Copy + Paste your resume below. Submitted resumes are limited to 2 pages with a 12 point or bigger font.



The Native Hawaiian Health Scholarship Program

2018-2019 Application – Applicant Resume Form

Copy + Paste your resume below. Submitted resumes are limited to 2 pages with a 12 point or bigger font.



The Native Hawaiian Health Scholarship Program

2018-2019 Application – NHHSP Questionnaire & Applicant Narrative Statements

Answer the four questions below. Use a 12-point font, and limit your responses to no more than 300 words per answer.

1. Explain your reasons for requesting this scholarship:



The Native Hawaiian Health Scholarship Program

2018-2019 Application – NHHSP Questionnaire & Applicant Narrative Statements

Answer the four questions below. Use a 12-point font, and limit your responses to no more than 300 words per answer.

2. Share your thoughts on what has motivated you to seek an education and career in healthcare:



The Native Hawaiian Health Scholarship Program

2018-2019 Application – NHHSP Questionnaire & Applicant Narrative Statements

Answer the four questions below. Use a 12-point font, and limit your responses to no more than 300 words per answer.

3. State your overall career goals, and indicate your vision for your service obligation placement in Hawai`i upon completing your education:



The Native Hawaiian Health Scholarship Program

2018-2019 Application – NHHSP Questionnaire & Applicant Narrative Statements

Answer the four questions below. Use a 12-point font, and limit your responses to no more than 300 words per answer.

4. Explain how these goals will help you serve the Native Hawaiian people: