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 **2019-2020.**

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 Number	Credit Hours	Course Title

Spring _____ (Year) **Months: _____**

Course Number	Credit Hours	Course Title

NHHSP Applicant Name

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

NHHSP Applicant Name

Year Four

Fall _____ (Year) **Months: _____**

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

NHHSP Applicant Name