

Submission Requirements:

Your application, two recommendation forms, and the Certification of Educational Status form must be postmarked by **October 15, 2021**. Items clearly postmarked by the due date will be accepted.

Health Sciences Service awards are made through a competitive process, so please provide complete information. You may attach additional pages if needed. **Please print clearly or type your responses**. You can obtain application materials in electronic format by visiting **www.cfwv.com** under **Financial Aid Planning> WV Health Sciences**

Awards will be announced in December, and recipients must accept awards by their date of graduation. The following materials are enclosed:

- HSSP Student Application
- Recommendation Forms
- Certification of Educational Status Form
- Eligible Sites for Service Obligation

Loan Repayment Award

The program allocates approximately 15 awards for loan repayment each academic year to students in the West Virginia higher education system. Award amounts are dependent on each discipline and are as follows:

- ♦ \$30,000 for medical and dental students
- ♦ \$15,000 for students training to become nurse educators, nurse midwives, nurse practitioners, occupational therapists, pharmacists, physical therapists, physician assistants, clinical psychologists, public health practitioners, and clinical social workers.

Awardees will be provided with the funds in two equal installments. With the exception of medical student participants, the first payment will be made upon the recipient beginning practice at an eligible site and providing documentation of educational debt equivalent to the amount of the total award. The second payment will be made after either one or two years in practice depending on whether a participant has elected a full-time or half-time service obligation track. Medical student participants receive the option to begin drawing down funding during residency or wait until they enter practice.

Service Obligation Information for All Disciplines

- ♦ The service obligation is either two years of full-time (a minimum of 40 hours/week) or four years of half-time (a minimum of 20 hours /week) practice. All eligible service sites are in West Virginia.
- ♦ You are not responsible for securing an eligible practice site until **after** you complete your training.
- Primary care is defined as family medicine, geriatrics, general internal medicine, internal medicine/pediatrics, obstetrics and gynecology, preventive medicine, and psychiatry.
- ♦ Ineligible service obligation sites include emergency rooms (except for Emergency Medicine trained physicians), hospital inpatient positions, and walk-in clinics.

- ♦ There is no provision for long-term repayment of the award. The penalty for not fulfilling the service obligation is repayment of the award with 15 percent interest accruing from the date of default if training or the service obligation is not completed.
- ♦ For more information on the service obligations, please see the Service Obligation Handbook for your discipline on the Service Obligation Tab from www.cfwv.com

Eligibility for Other Financial Incentives

You may be able to concurrently serve your Health Sciences Service Program service obligation with **some** other financial incentive programs. However, federal law prohibits concurrent service of a Health Sciences Service Program service obligation with some federal programs' service obligations, such as the National Health Service Corps loan repayment program. Thus, you must complete your obligation to the Health Sciences Service Program before applying for National Health Service Corps loan repayment or other programs with similar prohibitions.

If you have any questions, you may discuss the program with your school contact listed in the Health Sciences Service Program brochure or contact:

Michelle Ruppert, Health Sciences Program Administrator Health Sciences Service Program West Virginia Higher Education Policy Commission 1018 Kanawha Blvd. E., Suite 700 Charleston, WV 25301

Phone: 304-558-0530x3; Fax: 304-712-9343

E-mail: hssp@wvhepc.edu





Application for 2021-2022

Please type or print responses clearly in ink and attach additional pages if needed. Submit the completed application form, certification of educational status form and two recommendation forms by **OCTOBER 15, 2021**.

<u>Email:</u> <u>HSSP@wvhepc.edu</u> <u>Fax:</u> 304-712-9343

Mail: Health Sciences Service Program, WV Higher Education Policy Commission 1018 Kanawha Blvd. Suite 700,

Charleston, WV 25301

1. First name	Middle initial	Last name		2. Date of birth	
3. CURRENT mailin	g address: Street addres	ss or PO box			
City		State Zip County			/
4. Phone Number(s)				
5. Email Address(es	s)				
6. PERMANENT ma	iling address: Street add	dress or PO box	X		
City		State	Zip	County	
7. School		8. Anticipated graduation date			
9. Field of study		10. Career	goal		
PHYSICIAN Emergency Me Family Practice			Internal Medicine/Pediatrics OB/GYN cialty?	Pediatrics Psychiatry	Preventative Medicine
NURSE EDUCAT NURSE MIDWIFE DENTIST		SSISTANT NAL THERAPIST	PUBLIC HEALTH PHYSICAL THERAPIST		RACTITIONER CIST
LICENSED INDEPENDENT CLINICAL SOCIAL WORKER What potential job sites have you identified for your supervised, post graduate field placement? (Required for licensure as an LICSW)			DOCTORAL CLINICAL PSYCHOLOGIST Where are you applying for internship? (Must be APA accredited)		

	If "YES," for how many years have you been a resident of West Virginia?
	If "YES," what is your home county?
13.	Background: Where were you born and raised? What family ties, if any, do you have to West Virginia? Have you ever lived or worked in rural West Virginia or another underserved area?
11	What personal and prefessional attributes make you a good match for practice in a rural or underscrived area? Or if
14.	What personal and professional attributes make you a good match for practice in a rural or underserved area? Or, if applicable, what personal and professional attributes make you a good nurse educator?
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15.	What do you believe are the positives and negatives of practicing and living in a rural or underserved area? Or, if applicable, teaching in a nursing program?
16.	If you receive this award, what impact would the service obligation have on your personal life? Do you have any professional or personal barriers to relocating to any part of the state?
17.	Describe an impactful experience you have had in a rural or underserved area of West Virginia as a health professional or health professions student?

18.	Describe any related community research, service projects, or volunteer work you have done in rural or underserved areas of West Virginia.					
19.	Have you explored pract If "YES," please describe		West Virginia?	YES	NO	
20.	Do you have any other s		including military obliga	itions?	YES	NO
21.	Students who receive fin					
	Service Act, which require in compliance?		-	d 25 register with	n the Selective Ser	vice. Are you
	YES Comments:	NO	DOES NOT APPLY			
00	Liet a minimum of the con-					
22.	List a minimum of three	practice opportuniti	es you nave explored, i	incluaing site 100	alion.	

	Did you grow up in or near any of the communities you have listed?	ne above commu	nities? Were any of your clinical experiences at the sites or			
23.	Are you currently employed? If yes, where:	YES	NO			
Ad	ditional application materials requ	ired for all appli	cants:			
			tion, all applicants must also submit the following forms to the naterials must be postmarked by October 15, 2021:			
	Program Director who can address in rural or underserved area or nursyour clinical experiences as a healt Additional recommendations are of the student.	your academic wasing education, are the professions studitional. Letters of	ched form) from (1) an official in the Dean's Office or your work, clinical skills and professionalism, and interest in working and (2) an individual (not a relative) who is knowledgeable about dent, particularly in rural or underserved areas of West Virginia recommendation must be mailed by the referring individual or			
2.	A completed version of the attached Certification of Educational Status Form executed by yourself and the appropriate school official. The school official must mail this form directly to the Higher Education Policy Commission.					
	ease notify your school contact that y rvice Program brochure.	ou are applying fo	or this program. The contact is listed in the Health Sciences			
	ereby certify that all the above sta			_		
	ttest that by my graduation date I volunt of my potential Health Science		d educational debt in the amount equal to or above the gram award.			
l ur	nderstand that, if I am awarded an	d accept a Healt	h Sciences Service award, I am obligated to:			
		able, teach at le	ears half-time at an eligible site in a rural or underserved ast two years full-time or four years half-time in an			
l al	so understand that false statemer	its on this applic	cation may be grounds for break of contract.			
Sic	nature of Applicant		Date			
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