

## FREQUENTLY ASKED QUESTIONS

**1. Is a social security number (SSN) required to apply?**

Applicants can submit an application with the last four digits of their SSN. If an applicant does not have an SSN, applicants can submit an application with their individual taxpayer identification number (ITIN).

**2. What is a “service obligation?”**

“Service obligation” means a scholarship/loan repayment service commitment in which the recipient has a contractual obligation to practice their profession in a qualified Facility/Agency in California for a specified period of time.

**3. Can I still apply for the scholarship/loan repayment program if I currently owe an existing service obligation?**

Yes. You may apply if you have an existing service obligation to HPEF or another organization, only if your current service obligation ends before the new service obligation begins.

**4. Do all applicants of the scholarship/loan repayment program receive an award?**

Awards for the scholarship/loan repayment program are made on a competitive basis. Applicants are not guaranteed to receive a scholarship/loan repayment award.

**5. What is the maximum award amount for the scholarship/loan repayment program and am I guaranteed to receive this full amount?**

Below is a list of the maximum award amounts for the scholarship/loan repayment programs. Recipients may receive up to the maximum amount per award cycle. However, based on the availability of funding and amount of educational debt, recipients may not receive the maximum award amount.

- Allied Healthcare Scholarship Program (AHSP) - \$8,000
- Allied Healthcare Loan Repayment Program (AHLRP) - \$16,000
- Vocational Nurse Scholarship Program (VNSP) - \$4,000
- Licensed Vocational Nurse Loan Repayment (LVNLRP) - \$6,000
- Licensed Vocational Nurse Scholarship to Associate Degree Nursing Scholarship Program (LVN- ADN) - \$8,000
- Associate Degree Nursing Scholarship Program (ADN) - \$8,000
- Bachelor of Nursing Scholarship Program (BSNSP) - \$10,000
- Bachelor of Nursing Loan Repayment (BSNLRP) - \$10,000
- Mental Health Loan Assumption Program (MHLAP) - \$10,000
- Licensed Mental Health Services Provider Education Program (LMH) - \$15,000
- Advanced Practice Healthcare Scholarship Program (APHSP) - \$25,000
- Advanced Practice Healthcare Loan Repayment Program (APHLRP) - \$25,000
- Steven M. Thompson Physician Corps Loan Repayment (STLRP) - \$105,000

**6. How many applicants are awarded each cycle for the scholarship/loan repayment program?**

The number of applicants awarded each cycle depends on the number of eligible scholarship/loan program applications received as well as the availability of funding.

**7. Can I submit my application prior to the deadlines?**

You are encouraged to submit your scholarship/loan repayment program application prior to the deadline for HPEF to verify that your application is complete. Any documents submitted beyond the deadline will not be accepted. Applications are not available until the cycles open.

**8. What questions are asked in the applications?**

Specific application questions are not available until the application cycles open and an applicant applies. In general, questions relate to an applicant's personal narrative, commitment to providing direct patient care in a medically underserved area, and degree of cultural and linguistic competency.

**9. May I request an extension to file my application if I cannot obtain all required documents by the deadline?**

No. All documents must be submitted by the application due date. **NO EXCEPTIONS.**

**10. Is the scholarship/loan repayment automatically renewable from year to year?**

No. You must reapply for the scholarship/loan repayment during the program's annual open application cycle.

**11. Do I have to be bilingual to apply for the scholarship/loan repayment program?**

No. You do not have to be bilingual to apply for the scholarship/loan repayment program.

**12. What happens if I need to change jobs during my service obligation?**

You have the option to change jobs during the term of your service obligation. However, to comply with the terms of your agreement, you must remain employed with an eligible practice setting and notify HPEF in writing within 15 days of the change in employment.

**13. What happens if I am unable to fulfill the terms of my contractual obligation and cannot complete my service obligation?**

If a recipient is unable to fulfill their contractual obligation, they will be required to repay the scholarship/loan repayment funds received, plus ten (10) percent interest over a period of seven (7) years. Once the contractual obligation is breached, the recipient is ineligible to apply for other programs. **EXCEPTION: If MHLAP recipients** are unable to complete their 12-month service commitment in the Public Mental Health System, no payment will be made toward their educational loans. The award is not pro-rated based on months served. Thus, there will be no payment and no penalty. They will have the opportunity to re-apply for MHLAP.

**EXCEPTION: If an STLRP recipient** is unable to complete their 36-month service obligation, they will be required to repay, within 365 calendar days, an amount equal to the total amount of loan repayment paid to them by the program. Failure to repay the amount within 365 days will result in the accrual of interest, at prime, on the outstanding balance.

**14. How many hours are considered “full-time” for the scholarship/loan program?**

A minimum of 32 hours per week is considered full-time for the scholarship/loan repayment programs.

**EXCEPTION: MHLAP** requires a minimum of 20 volunteer or work hours per week.

**EXCEPTION: STLRP** requires a minimum of 40 hours per week for a minimum of 45 weeks per year. The 40-hours per week may be compressed into no less than four days per week, with no more than 12 hours of work in any 24-hour period. This does not include hours spent on call. At least 32 hours per week must be spent providing clinical services during normal office hours. For physicians in obstetrics, at least 21 hours must be spent providing clinical services in addition to deliveries and other inpatient coverage.

**15. If I receive a scholarship/loan repayment, is it likely I will receive a subsequent scholarship/loan repayment?**

Being a current recipient does not increase or decrease your likelihood of receiving a subsequent scholarship/loan repayment. Recipients must resubmit a complete application each time they apply.

**16. If I am selected to be a scholarship/loan repayment recipient, does the money come directly to me or will it be sent to my school/lender?**

A check will be sent directly to the recipient and the recipient is required to make the payment to the school or lender.

**EXCEPTION: For MHLAP** a check will be sent directly to the lender(s).

Recipient should expect it to take from 6 to 8 weeks for the payment to be processed after they have completed their obligation and submitted all necessary paperwork.

**17. If I am NOT selected to be a scholarship/loan repayment recipient and I reapply, do I need to resubmit my entire application or can you reuse the materials I have already submitted?**

Applicants must resubmit a complete application packet each time they apply. HPEF will not reuse or return any documentation previously submitted.

**18. If I am selected to be a scholarship/loan repayment recipient, how many times can I reapply?**

There is no limit as to the number of times someone can apply.

**19. How many times can an applicant be awarded for each program?**

The maximum number of awards available to an applicant varies by program. Please refer to the individual program pages at [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov).

**20. If I am selected to be a scholarship/loan repayment recipient, what are the terms of my contractual obligations?**

| <b>Program</b>                                                                           | <b>Document Submission Requirements</b>                                                                                                              | <b>Length of Service Obligation</b>                                                   | <b>Where Service Can Be Fulfilled</b> |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|
| <b>Allied Healthcare Scholarship Program</b><br><i>*No Cycle At This Time</i>            | Certification of Enrollment, Copy of Transcript, Copy of Cost of Attendance, Employment Verification, and Progress Reports                           | 1-year service obligation providing direct patient care in your field of study        | Qualified Facility/<br>Agency         |
| <b>Allied Healthcare Loan Repayment Program</b>                                          | Employment Verification, Lender Statement, Copy of License, Registration or Certification (If Applicable to Health Profession), and Progress Reports |                                                                                       |                                       |
| <b>Vocational Nursing Scholarship Program</b>                                            | Certification of Enrollment, Copy of Transcript, Copy of Cost of Attendance, Employment Verification, and Progress Reports                           | 1-year service obligation providing direct patient care on a full-time basis as a LVN |                                       |
| <b>Licensed Vocational Nurse Loan Repayment Program</b>                                  | Employment Verification, Lender Statement, Copy of LVN License, and Progress Reports                                                                 |                                                                                       |                                       |
| <b>Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program</b>         | Certification of Enrollment, Copy of Transcript, Employment Verification, Copy of Cost of Attendance, Copy of RN License, and Progress Reports       | 1-year service obligation providing direct patient care on a full-time basis as a RN  |                                       |
| <b>Associate Degree Nursing Scholarship Program</b>                                      | Certification of Enrollment, Copy of Transcript, Employment Verification, Copy of Cost of Attendance, Copy of RN License, and Progress Reports       |                                                                                       |                                       |
| <b>Bachelor Degree of Nursing Scholarship Program</b>                                    | Certification of Enrollment, Copy of Transcript, Employment Verification, Copy of Cost of Attendance, Copy of RN License, and Progress Reports       |                                                                                       |                                       |
| <b>Bachelor Degree of Nursing Loan Repayment Program</b>                                 | Employment Verification, Copy of RN License, Copy of BSN Degree, Lender Statements, and Progress Reports                                             |                                                                                       |                                       |
| <b>Advanced Practice Healthcare Scholarship Program</b><br><i>*No Cycle At This Time</i> | Certification of Enrollment, Copy of Transcript, Employment Verification, Copy of Cost of Attendance, and Progress Reports                           |                                                                                       |                                       |

| Program                                                                                     | Document Submission Requirements                                                                                                                       | Length of Service Obligation                                                         | Where Service Can Be Fulfilled                                                                                            |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Advanced Practice Healthcare Loan Repayment Program</b><br><i>*No Cycle At This Time</i> | Employment Verification, Lender Statements, Copy of License, Registration, or Certification (If Applicable to Health Profession), and Progress Reports | Up to 2-year service obligation providing direct patient care in your field of study | Qualified Facility/ Agency                                                                                                |
| <b>Mental Health Loan Assumption Program</b><br><i>*No Cycle At This Time</i>               | Employment Verification, Lender Statements, Copy of Mental Health Licensure, and Progress Reports                                                      | 1-year service obligation working or volunteering in direct client care              | Public Mental Health Programs/Services that are administered in whole or in part by the County Department of Mental Funds |
| <b>Licensed Mental Health Services Provider Education Program</b>                           | Employment Verification, Copy of Mental Health License, Lender Statements, and Progress Reports                                                        | Up to 2-year service obligation providing direct client care                         | Qualified Facility/ Agency                                                                                                |
| <b>Steven M. Thompson Physician Corps Loan Repayment Program</b>                            | Lender Statements, Certification of Practice Setting Form, Copy of D.O. or M.D. License, and Progress Report                                           | 3-year service obligation providing direct patient care                              |                                                                                                                           |