

Primary Care Project (PCP) Scholarship Program Application

Sample Template for 2022-2023 (Cohort 3)

It is highly recommended that you review this document in its entirety to prepare for submission prior to accessing the PCP Scholarship Program Application located at:

https://usc.qualtrics.com/jfe/form/SV_ebsZMi1QZT1N28C

The information we collect will remain confidential with access granted to Co-Principal Investigators, Dr. Suh Chen Hsiao and Professor Ruth Cislowski; and Field Data Coordinator, Keisha Lee. The data used for administrative and statistical reporting purposes will remain anonymous.

If you have any questions or concerns about this application, please email Keisha Lee at keishale@usc.edu.

Section I. Student Information

Student Identification

First Name: _____

Last Name: _____

USC Student ID Number: _____

Academic Program

- VAC
- Campus-based

Department

- AMHW
- CYF

Expected Semester of Graduation

- Spring 2023
- Summer 2023

Section II. Contact Information

Student Contact Information

USC Email Address: _____

Personal or Work Email: _____

Telephone number: _____

Alternate Contact Person

First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

Section III. Demographic Information

Date of Birth: _____

Please upload photo identification to verify your identity (e.g., copy of current driver's license, state-issued identification card or U.S. passport).

How would you best describe yourself?

- White, Caucasian
- Black, African American
- Hispanic/Latino/Spanish Origin (Please specify): _____
- Native American (Please specify tribe): _____
- Asian (Please specify): _____
- Pacific Islander (Please specify): _____
- Other race (Please specify):

To which gender do you most identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-conforming
- Prefer not to Answer
- Not listed (Please specify):

Section IV. Background Information

The Primary Care Project (PCP) Scholarship Program, administered by Health Resources & Services Administration (HRSA), aims to recruit, increase, and retain MSW students from disadvantaged backgrounds who are committed to working in primary care settings. The purpose of this section of the application is to help us determine applicable eligibility criteria based on HRSA guidelines and definitions for educationally, environmentally, and economically disadvantaged backgrounds.

Questions asked in this section may feel personal, may trigger memories, or may lead to other reactions that make it difficult to answer them. Please be assured that the information you provide will be kept in the strictest confidence and is only being collected because of HRSA requirements to confirm that all PCP grant recipients meet the federal definitions of “disadvantage.” Although this is not a strength-based term that reflects social work values, recognizes your resilience, or should define you in any way, it is the federal terminology and, as such, we are required to use it. If you want to talk through any reactions you may have to this survey, please reach out to Keisha Lee at keishale@usc.edu.

Educationally disadvantaged is defined as a person who comes from a social, cultural, or educational environment that has demonstrably and directly inhibited the person from obtaining the knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program. is defined as graduating from an underperforming high school meeting the following criteria (based on recent data):

- below average State testing results
- low average SAT/ACT scores
- low percentage of seniors receive a high school diploma
- low percentage of graduates that go to college during the first year after graduation
- low per capita funding

Environmentally Disadvantaged is defined as an individual from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school. Environmentally disadvantaged includes (but not limited to);

- hometown county designated as a medically underserved area (or community) or having a health-professional shortage area (based on data from HRSA.gov)
- received benefits from the Federal Free and Reduced Meal program
- lived in subsidized housing
- declared a ward of state, or placed in foster care
- first-generation immigrant

Economically Disadvantaged is defined as a person from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs.

The following guideline figures for **2021 federal poverty level** represent annual income:

- \$12,880 for individuals
- \$17,420 for a family of 2
- \$21,960 for a family of 3
- \$26,500 for a family of 4
- \$31,040 for a family of 5
- \$35,580 for a family of 6
- \$40,120 for a family of 7
- \$44,660 for a family of 8

*For families/households with more than 8 persons, add \$4540 for each additional person.

**Federal Poverty Level amounts are higher in Alaska and Hawaii.

Educational Disadvantage: Responses in this section will help us determine whether you come from an educationally disadvantaged background.

High School Information

What is the name of the high school where you received your high school diploma?
Enter the complete high school name, school district, and city and state where the high school is located.

High School name:

School District name:

High School City:

State:

Country, (if outside the United States)

First-Generation College Student

A **first-generation college student** is defined as the first member of your immediate family to attend college. Are you a first-generation college student?

Yes

No

I was a Pell Grant recipient during my undergraduate program.

Yes, years received

No

Environmental/Economical Disadvantage: Responses in this section will help us determine whether you come from either an environmentally or economically disadvantaged background.

Hometown Information

Provide your hometown information to help us assess whether your hometown is designated (according to [HRSA.gov data](https://www.hrsa.gov/data)), as the following;

- a medically underserved area (MUA), and/or
- having a health-professional shortage area (based on data from HRSA.gov), and/or
- a rural area

City

County

State

Country

First-Generation Immigrant

*A **first-generation immigrant** is defined as a person born in the United States to immigrant parents born outside the U.S. or a naturalized American citizen. Are you a first-generation immigrant?*

Yes

No

Homeless Unaccompanied Youth or Self-Supporting at-risk of being homeless

As a minor (birth to age 17), were you ever determined to be an unaccompanied youth who was homeless or self-supporting and at-risk of being homeless?

Yes

No

Foster Care Youth or Ward of the Court

As a minor, (birth to age 17), were both your parents deceased, were you in foster care and/or were you a dependent or ward of the court?

Yes
 No

Public Assistance

Have you (or someone in your immediate family) ever received public assistance (Select all that apply):

Not Applicable
 Medicaid
 Supplemental Security Income (SSI)
 Supplemental Nutrition Assistance Program (SNAP)
 Free or Reduced-Price School Lunch
 Temporary Assistance for Needy Families (TANF)
 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 Other public assistance received but not listed above:

Other Environmental Disadvantages

Are there other circumstances that occurred within your immediate family that you feel caused an environmental disadvantage (e.g., mental illness, domestic violence, incarceration, substance abuse, absence of a parent/guardian through divorce, death, or other circumstance)?

Yes
 No

(Optional) If you responded "YES" to one or more questions in this section, and would like to further elaborate with a brief written statement about this environmental disadvantage(s) and/or include supporting documentation, upload below.

- I affirm and certify that all the information and answers to questions herein are true and correct to the best of my knowledge and belief.
- I understand the answers to questions herein and any requested documentation, must be submitted to remain eligible as a potential candidate for the PCP Scholarship Program.

I have read the above statements, I understand them, and I agree to them.



SAMPLE