



ARKANSAS STATE BOARD OF NURSING

Phone: (501) 686-2700

www.arsbn.org

Nursing Student Loan Program – Nursing Educator Loan **Application Deadline: November 1, 2009**

GENERAL INFORMATION

The Nursing Student Loan Program - Nursing Educator Loan provides forgivable loans to students pursuing a course of study leading to qualification as a nurse educator. Funding for this program is provided through the Arkansas State Board of Nursing. Applications will be processed by the Arkansas Department of Higher Education. All eligible applicants will be considered for award by the Arkansas State Board of Nursing.

Nursing Educator Loan recipients may receive a maximum award of \$5,000 per semester not to exceed \$10,000 per academic year for a full-time (as defined by the institution) student. Recipients may receive a maximum award of \$2,500 per semester not to exceed \$5,000 per academic year for a part-time (minimum of 6 credit hours in fall or spring semester and 3 credit hours in summer semester) student. The total of the loans made to any one (1) recipient shall not exceed \$20,000.

Nursing Student Loan Program recipients must commit to teach full-time in a nursing education program in the State of Arkansas for one year for each year a loan is granted to have the loan fully forgiven.

ELIGIBILITY REQUIREMENTS

An Applicant must:

- be a bona fide Arkansas resident;
- be a citizen of the United States or permanent resident alien;
- be enrolled, or be accepted for admission to, an approved school of nursing in Arkansas or in a nationally accredited school outside the state in a course of study leading to qualification as a nurse educator;
- hold a current unencumbered nursing license
- be teaching or intend to teach in an Arkansas nursing program
- demonstrate valid financial need that is identified by completing the Free Application for Federal Student Aid (FAFSA)
- not be related to an Arkansas State Board of Nursing Board member or staff according to the Arkansas Nepotism policies

For **continued eligibility**, the recipient must:

- successfully complete the nursing studies of the preceding academic year
- remain in good standing as an enrolled student in the appropriate nursing program
- demonstrate valid financial need that is identified by completing the Free Application for Federal Student Aid (FAFSA)
- provide documentation of any changes in program of study or completion time frame
- submit a transcript for previous semester that was funded by loan
- continue to be a lawful resident of the State of Arkansas

Nursing Student Loan Program Recipient's Teaching Obligation

Nursing Student Loan Program recipients must teach full-time in a nursing education program in the State of Arkansas for one year for each year a loan is granted to have the loan fully forgiven. Nursing Student Loan Program recipients who do not teach full-time in a nursing education program in the State of Arkansas, or who ceases to be enrolled in good standing in a recognized nursing program before completing the education

requirements to qualify as a nursing educator, or fails to comply with any other requirements of the agreement shall repay the loan with interest.

The Nursing Student Loan Program does not guarantee recipient's employment.

APPLICATION SUBMISSION

The Arkansas Department of Higher Education is the administering agent for this program and must receive the completed application and **ALL** supporting documentation postmarked by **NOVEMBER 1, 2009**. Applicants will be notified of award status in December 2009.

Supporting documentation includes the following:

- Official copy of transcript of courses taken and/or previous thirty (30) credit hours
- Letter of support from employer (if applicable). Must confirm that program enrolled in is an acceptable degree program.
- Copy of current unencumbered nursing license
- Copy of letter of acceptance into Nursing Program
- Approved program of study outlining the courses that remain to be taken to complete degree. Enrollment should be listed by semester and include the course name, course number and number of credit hours. Must be signed by advisor.
- Must complete the Free Application for Federal Student Aid (FAFSA). The Arkansas Department of Higher Education will have access to that information upon completion of the FAFSA.
- Documentation of other financial support available such as other loans, scholarships, employee tuition discounts, employer reimbursement programs or stipend for tuition from another source.

SUBMIT APPLICATION AND SUPPORTING DOCUMENTS TO:

**Arkansas Department of Higher Education
Attn: Nursing Student Loan Program
114 East Capitol Avenue
Little Rock, AR 72201-3818**



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PLEASE PRINT OR TYPE:

1. _____
Name (Last, First, Middle)
2. _____ 3. _____ 4. _____
(Social Security #) (Date of Birth) (Daytime Phone)
5. _____
Mailing Address (Street) (City) (State) (Zip Code)
6. _____
Email Address
7. Are you an Arkansas Resident? ____ Yes ____ No
8. Number of years living in Arkansas: _____
9. Citizenship Status: ____ U.S. Citizen ____ Permanent Resident Alien* ____ Other
*If permanent resident alien, you must attach form I-151, I-551 or other documents may be accepted.
9. (Optional) Gender: ____ Male ____ Female
10. (Optional) Race: ____ African-American ____ Caucasian
____ Native American or Alaskan Native ____ Asian or Pacific Islander
____ Hispanic ____ Other _____
11. Nursing Program to be attended July 1, 2009, to June 30, 2010: _____
12. Indicate the number of hours you plan to enroll for the following terms:
Spring 2010: _____
Summer I 2010: (course work that begins prior to July 1, 2010) _____
13. Indicate what degree you are seeking: _____
14. Indicate Nursing Specialty in degree program (if applicable): _____
15. Indicate number of nursing credits earned in current program of study: _____

Nursing Student Loan Program – Nursing Educator Loan

| | |
|---------------------|------------|
| Student Name: _____ | SSN: _____ |
|---------------------|------------|

16. What is your expected graduation date? _____

17. Length of time teaching in nursing (if applicable): _____

18. Although you are not required at this time to know the specific school in which you plan to teach nursing, do you have a general idea as to the type of nursing education program in Arkansas in which you want to teach?(circle one) YES NO If yes, which type? _____

19. Do you (the applicant) file your taxes as “Head of Household”? (circle one) YES NO

20. Number of dependents in the household: _____

21. List all other financial support available for your education (other loans, scholarships, employee tuition discounts, employer reimbursement programs or stipend for tuition from another source):

Type of Aid: _____ Amount: _____

Type of Aid: _____ Amount: _____

Type of Aid: _____ Amount: _____

Type of Aid: _____ Amount: _____

Type of Aid: _____ Amount: _____

Type of Aid: _____ Amount: _____

(Please attach additional sheet if provided space is not sufficient)

22. Applicant Signature

I, the undersigned, do hereby certify that the information submitted on this application is accurate to the best of my knowledge. I understand that the information submitted by me on this application will be used to assist the Arkansas State Board of Nursing in determining my eligibility for a loan. It is my intent to complete a program of study leading to qualification as a nurse educator. I understand the obligations involved in accepting this loan and the obligations involved in the event I default on my loan commitment. I understand that if I receive an Nursing Educator forgivable loan, I must repay funds received if I do not fulfill the required teaching obligation, do not complete my program of study, if I do not remain in good standing as an enrolled student in the appropriate nursing program, or I do not attend college on a full- or part-time basis. The loan will accrue interest at a simple per annum rate, not to exceed five (5) percentage points above the Federal Reserve Discount rate at the time of the contract. Awards are subject to the availability of funds. To complete this application, I must submit the supporting documentation listed below.

Nursing Student Loan Program – Nursing Educator Loan

Student Name: _____

SSN: _____

Supporting documentation includes the following:

- Official copy of transcript of courses taken and/or previous thirty (30) credit hours
- Letter of support from employer (if applicable). Must confirm that program enrolled in is an acceptable degree program.
- Copy of current unencumbered nursing license
- Copy of letter of acceptance into Nursing Program
- Approved program of study outlining the courses that remain to be taken to complete degree. Enrollment should be listed by semester and include the course name, course number and number of credit hours. Must be signed by advisor.
- Must complete the Free Application for Federal Student Aid (FAFSA). The Arkansas Department of Higher Education will have access to that information upon completion of the FAFSA.
- Copy of previous year's tax return

Student's Signature

Date

**SUBMIT THIS APPLICATION AND ALL SUPPORTING DOCUMENTS BY NOV. 1, 2009.
MAIL TO:**

**Arkansas Department of Higher Education
Attn: Nursing Educator Loan
114 East Capitol Avenue
Little Rock, AR 72201-3818**