



# ARKANSAS STATE BOARD OF NURSING

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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



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

**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: _____
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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: _____
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**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:**

<p><b>Arkansas Department of Higher Education Attn: Nursing Educator Loan 114 East Capitol Avenue Little Rock, AR 72201-3818</b></p>
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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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1123 S. University Avenue, Suite 800, University Tower Building, Little Rock, AR 72204  
Phone: (501) 686-2700 Fax: (501) 686-2714 www.arsbn.org

## Frequently Asked Questions about the Nursing Scholarship Program

- Who qualifies for the scholarship?
  - In order to be considered for this scholarship, each applicant must meet the following criteria:
    - Bona fide Arkansas resident
    - Hold a current unencumbered nursing license
    - Teaching or hired to teach in Arkansas nursing program
    - Be accepted or enrolled in an Arkansas approved nursing program or nationally accredited out-of-state nursing program that meets requirements of ASBN and Department of Higher Education
    - Enrolled in bachelor, master or doctorate program
    - Have a valid financial need
    - Not be related to an Arkansas State Board of Nursing Board member or staff according to the Arkansas Nepotism policies
- How much total scholarship funds may a recipient receive?
  - Each scholarship recipient may be awarded up to \$20,000. This amount is awarded over multiple semesters. Full-time students may receive up to \$5,000 each semester (up to \$10,000/year) and part-time students up to \$2,500 each semester (up to \$5,000/year)
- How many credit hours are required for full-time and part-time status?
  - Full-time status is determined by the educational institution in which the applicant is enrolled. Part-time status is defined as a minimum of six (6) credit hours during the fall and spring terms and three (3) credit hours during the summer term
- How do I apply?
  - The application can be downloaded from [www.arsbn.org](http://www.arsbn.org) or [www.adhe.edu](http://www.adhe.edu). The application and all other documents should be submitted to Arkansas Department of Higher Education. Incomplete applications will not be reviewed.

- When should applications be submitted?
  - Applications are accepted twice each year. Applications for the spring semester should be submitted by November 1<sup>st</sup> (application available by September 1<sup>st</sup>) and by June 1<sup>st</sup> (application available by January 1<sup>st</sup>) for the fall semester
  
- What documents must be submitted with the application?
  - Letter of support from the nursing education program where employed. The letter must confirm that the applicant is enrolled in an approved degree program (BSN or higher) which leads to qualifications as a nurse educator and is nationally accredited, regionally accredited and/or approved by the Board of Nursing
  - Copy of the acceptance letter into a nursing program
  - Degree plan which outlines the courses that need to be completed. The plan must show courses by semester and include each course name, course number and number of credit hours. The degree plan must be signed by the advisor
  - Signed agreement that the recipient will teach full-time in an Arkansas nursing education program for one year for each year the scholarship is granted
  - Transcript of courses taken in current nursing program and/or thirty (30) credit hours from previous nursing degree
  - Documentation of other financial support available such as other scholarships or loans, employee tuition discounts/reimbursement, and/or stipend for tuition
  
- Do I have to complete the Free Application for Federal Student Aid (FAFSA) report?
  - Yes. The FAFSA report is available to the Arkansas Department of Higher Education and does not need to be submitted with the application.
  
- How are qualified applicants selected to receive money?
  - The Board of Nursing has developed a funding formula which incorporates previous GPA, number of nursing credits completed toward degree, length of Arkansas residency, teaching experience and financial need
  
- How is the scholarship money awarded to the recipient?
  - The scholarship is paid directly to the educational program at the beginning of each semester. Any funds left after expenses are paid will be dispersed to the student by the financial aid officer of the educational institution.
  
- Can the scholarship be used for previous educational expenses?
  - No. The scholarship funds are awarded only for current expenses

- Can I attend any nursing program?
  - No. The program must be a BSN or higher degree program which leads to qualifications as a nurse educator. In addition, the program must be nationally accredited, regionally accredited and/or approved by the Board of Nursing
  
- I received scholarship funds for the semester in which I am currently enrolled. Can I receive scholarship funds for additional semesters?
  - Yes. Subject to the availability of funds, each scholarship shall be renewable annually until the degree is obtained or the maximum amount of the scholarship fund is awarded.
  
- Do I have to repay the scholarship?
  - No, as long as you teach in a nursing education program in the State of Arkansas for one year for each year a scholarship was awarded.
  
- What happens if I am required to repay the scholarship fund?
  - Scholarships will be repaid with interest at the maximum legal rate and become due and payable immediately if the recipient of the scholarship fund ceases to be enrolled in good standing in a recognized school of nursing before completing the education requirements or fails to teach for the specified time in an Arkansas nursing program. Failure to repay the scholarship as specified may be considered unprofessional conduct and disciplinary action against the nursing license may be taken.
  
- I have more questions. Who may I contact?

Arkansas Department of Higher Education  
114 E. Capitol Ave.  
Little Rock, AR 72201

501.371.2050  
1.800.54.STUDY  
e-mail: [finaid@adhe.edu](mailto:finaid@adhe.edu)