

GRADUATE STUDIES

12. When did you receive your masters or doctorate in nursing?

Month		Year			

Name of Institution: _____

Address: _____, _____, _____

Phone No: (____) _____ - _____

Attach an official transcript from this institution.

CLINICAL EXPERIENCE

13. Identify the last employer where you worked as a licensed registered nurse.

Employer: _____

Address: _____, _____, _____

Phone No: (____) _____ - _____

Dates of Employment: From ____/____/____ to ____/____/____

QUALIFIED SERVICE

14. Identify where you have been employed as a nursing faculty member or adjunct faculty member. **You must attach a letter from each employer you list according to the instructions on page 6.** (Attach additional sheets if necessary).

YEAR 1

Employer: _____

Address: _____, _____, _____

Phone No: (____) _____ - _____

Period of qualified service: July 1, _____ to June 30, _____.

Total credit hours taught during above period: _____ hours.

YEAR 2

Employer: _____

Address: _____, _____, _____

Phone No: (____) _____ - _____

Period of qualified service: July 1, _____ to June 30, _____.

Total credit hours taught during above period: _____ hours.

YEAR 3

Employer: _____

Address: _____, _____, _____

Phone No: (____) _____ - _____

Period of qualified service: July 1, _____ to June 30, _____.

Total credit hours taught during above period: _____ hours.

STUDENT LOAN INFORMATION

15. Identify below the student loan(s) for which you seek payment (attach additional sheets if necessary).
Attach supporting documentation pursuant to the instructions on page 6.

STUDENT LOAN NO. 1

Lender: _____

Address: _____, _____, _____

Phone No: (____) _____ - _____

Period of qualified service: July 1, _____ to June 30, _____.

Loan Type: _____ (ie – Stafford, bank loan)

Account No: _____

Is this guaranteed by New York State Higher Education Services Corporation? Yes No

Current outstanding balance: \$_____.00 (**Attach a current statement from your lender**)

Was this loan used to fund your nursing degree program? Yes No

Institutions: identify the school(s) to which these loan proceeds were paid. Be sure to only identify schools and dates where you were pursuing a nursing degree. (**Attach an official transcript from each school**)

School 1

Name: _____

Address: _____

Phone No: (____) _____ - _____

Degree: _____

Nursing Program: From: ___/___/___ to ___/___/___

School 2

Name: _____

Address: _____

Phone No: (____) _____ - _____

Degree: _____

Nursing Program: From: ___/___/___ to ___/___/___

STUDENT LOAN NO. 2

Lender: _____

Address: _____, _____, _____

Phone No: (____) _____ - _____

Period of qualified service: July 1, _____ to June 30, _____.

Loan Type: _____ (ie – Stafford, bank loan)

Account No: _____

Is this guaranteed by New York State Higher Education Services Corporation? Yes No

Current outstanding balance: \$_____.00 (**Attach a current statement from your lender**)

Was this loan used to fund your nursing degree program? Yes No

Institutions: identify the school(s) to which these loan proceeds were paid. Be sure to only identify schools and dates where you were pursuing a nursing degree. (**Attach an official transcript from each school**)

School 1

Name: _____

Address: _____

Phone No: (____) _____ - _____

Degree: _____

Nursing Program: From: ___/___/___ to ___/___/___

School 2

Name: _____

Address: _____

Phone No: (____) _____ - _____

Degree: _____

Nursing Program: From: ___/___/___ to ___/___/___

APPLICANT AFFIRMATION

I, the undersigned, being the applicant for a New York State Nursing Faculty Loan Forgiveness Incentive Program award, hereby affirm, subject to penalty of perjury, the information on this form and any attachments hereto are accurate and complete. Also, I understand and agree submission of this supplement constitutes authorization to the New York State Higher Education Services Corporation to release such information as may be necessary to verify any statement herein.

Signature _____

Date: ____/____/____

PERSONAL PRIVACY NOTICE

Protecting the privacy of your personal information is important to HESC. We respect your right to privacy and recognize our obligation to keep information about you secure and confidential in compliance with state and federal laws, and maintain physical, electronic and procedural safeguards in compliance with federal and state laws and regulations to safeguard your personal information.

This notice uses the term "personal information." This means any information concerning you, which because of name, number, symbol, mark or other identifier, can be used to identify you.

HESC collects this information pursuant to authority of Articles 13 and 14 of the New York State Education Law and applicable regulations.

HESC does not disclose any personal information about you to anyone, except as permitted by law.

HESC restricts access to your personal information to those HESC employees, other state employees and employees of the New York State Attorney General's office, and contractors and agents who need to know this information to service and/or collect Loan Forgiveness Incentive Program awards.

Your personal information is retained in the system of records maintained in HESC's Division of Financial Aid Services. You may access and review such information by contacting the Assistant Vice-President for Financial Aid Services, NYS Higher Education Services Corporation, 99 Washington Avenue, Albany, New York 12255 (1-888-697-4372).

The Assistant Vice President for Financial Aid Services shall, within five (5) business days of the date of the receipt of a proper request to access and review your personal information: (i) provide access to the personal information; (ii) deny access in writing, explaining the reasons therefore; or (iii) acknowledge the receipt of the request in writing, stating the approximate date when the request will be granted or denied, which date shall not be more than thirty (30) days from the date of the acknowledgment.

Failure to provide HESC with all information requested in connection with your Nursing Faculty Loan Forgiveness Incentive Program award may result in the denial, delay, suspension or revocation of your application, award or of disbursements on your behalf.

CONSENT TO DISCLOSURE

I authorize any employer, college, university or other institution identified on this supplement to validate or provide New York State Higher Education Services Corporation (HESC) information necessary for their review and consideration of my application for a New York State Nursing Faculty Loan Forgiveness Incentive Program award.

I give HESC permission to disclose my personal information contained on this form to any employer, college, university or other institution identified on this supplement to facilitate HESC's review and consideration of my application for a Nursing Faculty Loan Forgiveness Incentive Program award.

I give HESC permission to share my personal information with its agents, business partners and schools necessary for the purposes of administering the Nursing Faculty Loan Forgiveness Incentive Program award.

I give HESC permission to access my credit history and any records maintained by the National Student Loan Data System for purposes of establishing my eligibility for this program and to verify my eligible student loan indebtedness under this program.

I have read and understand what is being requested of me on all 6 pages of this supplement.

Signature: _____

Date: ____/____/____

**NURSING FACULTY LOAN FORGIVENESS INCENTIVE PROGRAM
DESCRIPTION AND REQUIREMENTS**

Nursing Faculty Loan Forgiveness Incentive Program awards are being offered to increase the number of educators and adjunct clinical faculty teaching in the field of nursing education in New York State. Awards are made to applicants who are registered professional nurses with previous clinical experience and who successfully completed an approved master's or doctoral degree program qualifying them as nursing faculty or adjunct clinical faculty. The number of new awards granted each year and the number of awardees paid under the program in any given year is subject to available funding.

ELIGIBILITY

Applicants must:

- Be legal residents of New York State for at least one year.
- Be U.S. citizens or eligible non-citizens.
- Be a registered nurse licensed to practice in New York State.
- Possess a master's or doctoral degree in nursing qualifying them as nursing faculty or as adjunct clinical faculty.
- Have prior clinical experience as a licensed registered nurse.
- Have an outstanding balance for **eligible student loan(s)** disbursements made for terms commencing on or after January 1, 2001. These include New York State or federal governmental loans, or loans made by commercial entities subject to governmental examination and must have been used to fund the nursing degree program. This does not include PLUS loans, or loans which may be canceled under any other program including Perkins loans, or private loans given for example by family or friends, or student loan debts paid with a credit card.
 - **NOTE** – If there are more applicants than available funding, awardees will be selected by lottery with priority given to applicants whose loans are guaranteed by the New York State Higher Education Services Corporation (HESC).
- Have **qualified service**. Qualified service means employment as a nursing faculty member or as adjunct clinical faculty providing at least 12 credit hours of clinical teaching service during an **annual period** beginning on July 1st and ending on June 30th.
 - **NOTE:** You may only receive credit for periods of service commencing on or after January 1, 2001. Please contact HESC at 1-888-697-4372 if you are seeking credit for the periods of service beginning January 1, 2001 and ending June 30th 2001.

APPLYING FOR THE PROGRAM

Use this supplement to establish your eligibility for the Nursing Faculty Loan Forgiveness Incentive Program. Be sure you provide the required documentation according to the Line Instructions on page 6.

First priority will go to eligible applicants whose student loans are guaranteed by the New York State Higher Education Services Corporation (HESC).

HESC will notify selected applicants and forward them their Program Agreements. Upon return of their agreements, awardees will be assigned an identification number and have their first payment under this program sent to them.

This supplement will be used to establish a candidate's eligibility as well as process a recipient's first award payment. In subsequent years, recipients must submit a payment application and verification of qualified service for each annual period they seek payment of their award under this program.

DEADLINES

Nursing Faculty Loan Forgiveness Incentive Program Supplements must be post-marked on or before the deadline below to be considered. If the filing deadline is near and your documentation is incomplete or not immediately available, submit this supplement along with an explanation.

Annual Periods of Qualified Service	Deadline
Jan. 1, 2001 – June 30, 2001 *	} Jan. 1, 2006
July 1, 2001 – June 30, 2002	
July 1, 2002 – June 30, 2003	
July 1, 2003 – June 30, 2004	
July 1, 2004 – June 30, 2005	

* Please contact HESC at 1-888-697-4372 if you are seeking credit for the period of service beginning January 1, 2001 and ending June 30th 2001.

DURATION

Nursing Faculty Loan Forgiveness Incentive Program payments are available for up to five years of qualified service.

The number of awardees paid under the program in any given year is subject to available funding. If there are more applicants than available funding, awards will be granted by lottery with priority given to those whose loans are guaranteed by HESC.

AMOUNT

Total awards under this program will be the lesser of \$40,000 or the applicant's actual eligible student loan indebtedness at the time their eligibility is established.

AWARD PAYMENT

Award payments will be made for each year of qualified service performed pursuant to the following schedule:

- 1st year of qualified service: 10% of award.
- 2nd year of qualified service: 20% of award.
- 3rd year of qualified service: 30% of award.
- 4th year of qualified service: 30% of award.
- 5th year of qualified service: 10% of award.

This supplement will be used to establish a candidate's eligibility as well as process a recipient's first award payment. In subsequent years, recipients must submit a payment application and verification of the qualified service for which they seek payment of their award under this program.

LINE INSTRUCTIONS

Answer all questions on this supplement. Missing or incomplete answers or documentation may result in the delay, disqualification or denial of your request for a Nursing Faculty Loan Forgiveness Incentive Program award.

Questions 1 – 8. Provide the requested information. You must provide your social security number to be considered. If you do not possess an e-mail address, enter the letters NA.

Question 9. You must be a registered nurse licensed to practice in New York State to be eligible for this program.

Question 10. Indicate whether or not you owe a service obligation under another governmental or private scholarship program. Examples: National Health Service Corp., Americorps, Regents Professional Opportunity Scholarship, Teacher Loan Forgiveness, etc. Also indicate when you will complete your obligation. Attach additional sheets if necessary.

Question 11. Indicate whether or not you are in default of a guaranteed student loan.

Question 12. Identify the month and year you received your most recent graduate degree. Provide the name, address and phone number of the institution you attended. **You must also provide an official transcript from this school.**

Question 13. Provide the requested information for the employer for whom you worked as a professional registered nurse.

Question 14. Identify the schools or institutions for which you worked as a faculty member or as adjunct clinical faculty for each annual period of qualified service you are seeking credit for. You must provide a letter from each employer you list in which they state your title, period of employment, job duties and the total number of credit hours taught during each annual period of qualified service. **Qualified service** means employment as a nursing faculty member or as adjunct clinical faculty providing at least 12 credit hours of clinical teaching service during an **annual period** beginning on July 1st and ending on June 30th.

NOTE: You may only receive credit for periods of service commencing on or after January 1, 2001. Please contact HESC at 1-888-697-4372 if you are seeking credit for the period beginning January 1, 2001 and ending June 30th 2001.

Question 15. Identify the student loan(s) you seek to qualify for payment under this program and provide all of the required information. Please see page 5 for a description of eligible student loans. Be sure to only identify the loans used to fund your nursing degree. Include the most recent statement from your lender showing your current outstanding principle balance(s) and an official transcript from each school to which these loan proceeds were paid.

NOTE: Only include schools and dates of attendance where you were pursuing your nursing degree. **Award payments are only available for loans disbursed for terms commencing on or after January 1, 2001.**

You must **sign** and **date** both the **Applicant Affirmation** and the **Consent to Disclosure** to be considered for this program.

Mail your completed supplement and supporting documentation to:

NYS Higher Education Services Corporation
Scholarship Unit
99 Washington Ave, Rm. 1430A
Albany, NY 12255

**CONTACT HESC AT 1-888-697-4372
IF YOU HAVE ANY QUESTIONS.**