Arkansas Department of Health

Arkansas State Board of Nursing
1123 S. University Ave., #800 • Little Rock, AR 72204
(501) 686-2700 • Fax (501) 686-2714

FAITH A. FIELDS NURSING SCHOLARSHIP LOAN

Application deadline: June 1

GENERAL INFORMATION

- ✓ Scholarships are accepted January 1 - June 1 of each year.
- ✓ Scholarship awards are made for the academic year (fall and spring semester).
- ✓ Nursing program attending must be approved by the Arkansas State Board of Nursing (ASBN) and/or the Arkansas Department of Higher Education (ADHE).
- ✓ Recipients who do not teach/practice in the State of Arkansas or fails to comply with any requirements of the agreement shall repay the loan with interests.
- ✓ 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 educational 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 (as defined by the educational institution) student. The total of the loans to any one recipient shall not exceed $20,000.

GENERAL APPLICATION REQUIREMENTS

- ✓ Be an Arkansas resident
- ✓ Be a citizen of the United States or permanent resident alien
- ✓ Be accepted or enrolled in an Arkansas approved nursing education program or nationally accredited out-of-state nursing education program that meets requirements of ASBN and ADHE
- ✓ Demonstrate valid financial need that is identified by the required filing of the Free Application for Student Aid (FAFSA) application
- ✓ Not be related to an ASBN Board member or staff according to the Arkansas Nepotism policies

ADDITIONAL REQUIREMENTS ACCORDING TO LOAN TYPE

EDUCATOR LOAN

- ✓ Enrolled in an Arkansas approved or nationally accredited baccalaureate, master's, or doctorate of nursing education program
- ✓ Hold a current, unencumbered nursing license
- ✓ Be teaching or intend to teach in an Arkansas nursing program

PRACTICE LOAN

- ✓ Enrolled in an Arkansas approved or nationally accredited baccalaureate, master's, or doctorate of nursing education program
- ✓ If licensed as a nurse, the license must be current and unencumbered
- ✓ Agree to practice full-time as a registered nurse or licensed practical nurse in Arkansas one year for each year the loan is awarded

FOR CONTINUED ELIGIBILITY, THE RECIPIENT MUST:

- ✓ Successfully complete the nursing studies of the preceding semester
- ✓ Remain in good standing as an enrolled student in the nursing education program
- ✓ Provide documentation to ASBN of any changes in program of study or completion time frame
- ✓ Submit a transcript for the previous semester that was funded by the loan
- ✓ Continue to be a lawful resident of the State of Arkansas

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DIRECTIONS

- ✓ Complete all fields
- ✓ Submit application and required documents to andrea.mccuien@arkansas.gov by June 1. (applications are considered incomplete if ALL documents have not been received by June 1)
- ✓ Complete a current Free Application for Federal Student Aid (FAFSA) application at https://studentaid.gov/h/apply-for-aid/fafsa

LOAN TYPE

(check one) ☐ Educator ☐ Practice

GENERAL INFORMATION

Name

Mailing address City State Zip code

Phone number Secondary phone number

Social security number Date of birth (mm/dd/yr)

Are you an Arkansas resident? ☐ Yes ☐ No Number of years living in Arkansas

Citizenship status: ☐ U.S. Citizen ☐ Permanent Resident Alien* *if permanent resident alien, you must attach I-161 or other acceptable documents

Gender (optional) ☐ Female ☐ Male

Race (optional) ☐ African-American ☐ Caucasian ☐ Asian American ☐ Asian Indian

☐ Asian Other ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ Other

Have you ever been licensed as a nurse? ☐ Yes ☐ No

If yes, list all state(s) and license number(s)

EDUCATION INFORMATION

Name of Nursing Education Program

Program's Mailing Address City State Zip code

Type of Program

☐ LPN ☐ Associate RN ☐ Diploma RN ☐ Bachelor RN ☐ Master's in Nursing ☐ Doctorate in Nursing

Number of hours enrolled Student status: ☐ Full-time ☐ Part-time

What is your nursing degree specialty (if applicable)?

What is your expected graduation date? Length of time teaching in nursing (f applicable)

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FINANCIAL INFORMATION

What is your projected household income for the year of requested funding? ____

Marital Status: (check one) ☐ Single ☐ Divorced ☐ Widowed ☐ Married ☐ Separated

Number of dependent(s) in household ____

List all financial support you are receiving for your education (loans, scholarships, employee tuition discounts, employer reimbursement programs, stipends, etc.)

Type of Financial Support ____ Amount ____ Type of Financial Support ____ Amount ____

Type of Financial Support ____ Amount ____ Type of Financial Support ____ Amount ____

Type of Financial Support ____ Amount ____ Type of Financial Support ____ Amount ____

List all debt you have (list total payoff and not just monthly payments): Home mortgage ____

Credit card(s) ____ Car loan(s) ____ Monthly house/apartment rental payment ____

Other ____

BACKGROUND INFORMATION

Have you ever been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction? This includes DWI and DUI. *(check one)* ☐ Yes ☐ No

Are you under investigation in any state or jurisdiction or has any license or certificate been disciplined by any state (e.g., reprimand, probation, suspension, revocation, civil penalty, and/or voluntary surrender? *(check one)* ☐ Yes ☐ No ☐ N/A

If yes, what state(s)? ____

Has any disciplinary action been taken against you, or has your authority to practice been restricted by any federal or state agency, including, but not limited to, Medicare or Medicaid? *(check one)* ☐ Yes ☐ No

Have you been addicted to or treated for the use of alcohol or any other abuse potential substance? *(check one)* ☐ Yes ☐ No

If you answered yes to any of the questions in the background information section, you MUST include a written explanation. Also, include any court papers and relevant documents. A background check may be performed at the applicant's cost before funding for the nursing student loan is approved. Both federal and state background checks are mandatory for Arkansas licensure.

TERMS OF THE AGREEMENT

Submission of this application does not assure financial assistance. I understand that the information submitted by me on this request will be used to aid in verifying my eligibility for financial assistance. I understand the obligations assumed upon accepting this loan and the obligations assumed if I default on this agreement. I understand the obligations as follows.

SERVICE REPAYMENT AGREEMENT The agreement between the recipient and the Arkansas State Board of Nursing, which defines the duties and responsibilities of each party with regard to the Faith A. Fields Nursing Scholarship Loan.

TERMS I agree to pay the Arkansas State Board of Nursing, the principal sum of the loan, plus interest in United States currency, upon maturity of this loan. If a loan with the Arkansas State Board of Nursing is outstanding from a prior year nursing student loan agreement, these terms are in addition to the previous agreement. INTEREST I understand the principal of the loan(s) shall be due in addition to interest at the maximum rate allowed by Arkansas law, or 5% above the federal discount rate, whichever is less. The interest shall accrue from the date each payment of funds was received by the recipient until the principal and accumulated interest are paid.

MATURITY This note will mature upon the borrower ceasing to be an eligible student in a qualifying nursing education program. Upon maturity, repayment of the principal and interest shall begin within ninety days after the date the recipient ceases to be an eligible student. The recipient shall notify the Board within thirty days of the date the recipient is no longer an eligible student. Payment shall be completed no more than twenty-four months from the date the recipient ceases to be an eligible student. CONDITIONS THAT MUST BE MET ONCE I AM AWARDED FUNDING For each academic year that I receive a loan/scholarship, I must be an Arkansas resident in good aca-demic standing and maintain at least part-time enrollment in a recognized education course leading to an associate degree, a diploma, a bachelor, masters or doctorate in nursing, or to the achievement of educational requirements for a licensed practical nurse.

HOW STUDENT LOANS ARE REPAID I understand that each candidate accepted by the Board for a loan shall practice or teach nursing in a qualifying Arkansas facility. For each continuous full-time calendar year of qualified nursing service, the Board will cancel, by transferring to a scholarship, the full amount of one academic year's loan plus accrued interest. Loans made for succeeding years will be changed in like manner, one year of employment for each year of financial aid, until the loan commitment is completely reclassified.

IF I DEFAULT ON MY COMMITTMENT If I default on this contract, I will be required to pay all loans and the interest thereon. The note will become due and payable immediately. The repayment period begins on the date the recipient is noncompliant. It shall be considered unprofessional conduct for failure to repay the nursing student loan as required.

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IF I DEFAULT ON THE SERVICE AGREEMENTf I default on the service repayment agreement, I will be subject to monetary repayment of the contracted amount plus interest. If termination of qualified employment results from circumstances beyond my control, deferral status may be approved for a period up to ninety (90) days to permit me to obtain qualified employment in Arkansas.

THE BORROWER FULLY UNDERSTANDS AND AGREES TO THE FOLLOWING

- M⌽ The borrower will send written notice to the Arkansas State Board of Nursing, Faith A. Fields Nursing Scholarship Loan Program within thirty days after any change in enrollment status, employment, program eligibility, academic standing, name or address. Forms verifying participant status must be completed and returned to the ASBN within 14 days after program completion or withdrawal.
- H⌽ The Arkansas State Board of Nursing retains all administrative, civil, and criminal remedies for breach of this contract by the participant.
- O⌽ Deferral of loan repayment may be approved provided I demonstrate I am currently enrolled in good academic standing, in a qualified nursing education program, and the initial eligibility are still applicable.
- П⌽ Deferral may be granted if I am involuntarily serving on active duty in the United States armed forces. If the deferral is due to military service, interest is not accrued during the deferral period.
- P⌽ If I receive a deferral, the Board may review my deferral as often as needed, but will review annually to insure compliance.
- C⌽ In order to convert my nursing student loan into a scholarship grant, a work history must be submitted on the prescribed forms on an annual basis until the entire loan obligation is retired.
- T⌽ If monetary payments are required to be made to the Arkansas State Board of Nursing due to the Faith A. Fields Nursing Scholarship Loan, payments must be received by the fifth of each month to be considered timely.
- y⌽ If I do not pass my RN or LPN licensure examination, I will be subject to monetary repayment of the contracted amount plus interest. Repayment of the principal and interest shall begin within ninety (90) days after the date I cease to be an eligible student, or immediately upon notification of failure to pass the licensure examination whichever is later. I will notify the Board's Nursing Student Loan Program within ten (10) days of the date I am notified I did not pass the RN or LPN licensure examination. Payment shall be completed no more than twenty-four (24) months from the date I cease to be an eligible student.

I understand my obligation to provide nursing services in Arkansas, upon completion of my training and licensure in nursing if I am awarded and accept funding from the Arkansas State Board of Nursing Faith A. Fields Nursing Scholarship Loan. I understand that if I receive this loan, I must repay funds received if I do not fulfill the required teaching/practice obligation, do not complete my program of study, or if I do not remain in good standing as an enrolled student in the nursing education program. Awards are subject to the availability of funds. I affirm that I am the person referred to in this application for a nursing student loan, and that the contents in this document and the statements therein including any attachments are true, correct and complete to the best of my knowledge and belief.

{ƛƎyΓ·ǘdzNJŜ _____ Date _____

Email application and required attachments to andrea.mccuien@arkansas.gov

FOR ELIGIBILITY THE FOLLOWING MATERIAL MUST ACCOMPANY YOUR COMPLETED APPLICATION

1) Proof of Arkansas Residence (ie. Copy of driver's license, copy of voter's registration card, copy of state identification card, or copy of state tax return).

2) Letter of acceptance to an approved nursing education program, or if already enrolled in a nursing education program, submit a current official transcript.

3) Schedule of your program of study outlining courses that remain to be taken to complete your degree. List enrollment by semester and credit hour. Must be signed by your advisor.

4) A copy of the first two pages of your federal income tax return for the prior year. If you filed your return "married filing separately" you must also attach a copy of your spouse's return. If you are not required to file a return, or if you receive any support from your parents, you must also send a copy of your parent's return.

5) An official transcript from your highest level of education.

6) Written explanation, court records and other relevant documents if marked "yes" to Background Information question(s).

7) Documentation of Permanent Resident Alien status (if applicable).