



STATE OF OKLAHOMA  
**NURSING STUDENT ASSISTANCE PROGRAM**  
 Administered by the Physician Manpower Training Commission

<p><b>What is the Nursing Student Assistance Program?</b></p>	<p>It is a state supported financial assistance program for nursing students from Oklahoma, who are pursuing LPN, ADN, BSN, or MSN degrees (<b>does not include the Nurse Adm/Management Masters Program</b>). Recipients must plan to practice nursing in Oklahoma.</p>															
<p><b>What are the eligibility criteria?</b></p>	<ol style="list-style-type: none"> <li>1. Applicant must be a citizen of the United States.</li> <li>2. Applicant must be a legal resident of Oklahoma.</li> <li>3. Applicant must have been unconditionally admitted as a student in an accredited program of nursing study. Certification of acceptance or of being a student in good academic standing must be submitted from Director of Nursing Program ONLY.</li> </ol>															
<p><b>What is the difference between a Matching and Non-Matching scholarship loan?</b></p>	<ol style="list-style-type: none"> <li>1. <b>Scholarship Loan Funding:</b>        The <u>Matching</u> scholarship loan is funded on an equal basis between the State of Oklahoma and a sponsoring health institution which the applicant secured. Sponsors may be hospitals, nursing homes, and other health entities. The <u>Non-Matching</u> scholarship loan is funded solely by the State of Oklahoma.</li> <li>2. <b>Scholarship Loan Amounts:</b> <ul style="list-style-type: none"> <li>• The LPN amount is for the entire coursework, available for only one year.</li> <li>• The ADN, BSN, and MSN amounts are per academic year, available only the last two years.</li> <li>• Amounts are based on full-time status and will be adjusted for part-time students.</li> <li>• Scholarship loans do not cover coursework already completed or in progress.</li> <li>• Financial assistance is not available to students enrolled only in general education courses.</li> </ul> <table border="1" data-bbox="535 850 1518 982"> <thead> <tr> <th>Plan of Study</th> <th>NON-MATCHING</th> <th>MATCHING*</th> </tr> </thead> <tbody> <tr> <td>LPN</td> <td>\$1,750.00 per PN Program</td> <td>\$1,000.00 - \$3,500.00 per PN Program</td> </tr> <tr> <td>ADN</td> <td>\$2,000.00 per Academic Year</td> <td>\$1,000.00 - \$4,000.00 per Academic Year</td> </tr> <tr> <td>BSN</td> <td>\$2,500.00 per Academic Year</td> <td>\$1,000.00 - \$5,000.00 per Academic Year</td> </tr> <tr> <td>MSN</td> <td>\$2,500.00 per Academic Year</td> <td>\$1,000.00 - \$5,000.00 per Academic Year</td> </tr> </tbody> </table> <p>*The matching scholarship loan amount is most often set by the sponsoring institution. It must be between the <u>minimum</u> and maximum limits, based on actual costs of attending. Be aware of the amount from the sponsor.</p> </li> <li>3. <b>Work obligation upon completion of school and licensing:</b>        Upon completion of school and licensing, the nurse is obligated to practice nursing, at the degree level for which financial assistance was received, one year for each academic year of financial assistance. The minimum obligation is one year.       <ul style="list-style-type: none"> <li>• The <u>Matching</u> recipient is obligated to practice nursing at the sponsoring institution.</li> <li>• The <u>Non-Matching</u> recipient can fulfill in the qualified health institution of choice. Facilities that <u>do not</u> qualify are physician's offices, private duty practice, research, federal facilities, majority physician owned facilities; industrial, school, or summer camp nursing.</li> </ul> <p><b>Nurses that do not fulfill the required work obligation must repay the scholarship loan plus interest and/or liquidated damages.</b></p> </li> </ol>	Plan of Study	NON-MATCHING	MATCHING*	LPN	\$1,750.00 per PN Program	\$1,000.00 - \$3,500.00 per PN Program	ADN	\$2,000.00 per Academic Year	\$1,000.00 - \$4,000.00 per Academic Year	BSN	\$2,500.00 per Academic Year	\$1,000.00 - \$5,000.00 per Academic Year	MSN	\$2,500.00 per Academic Year	\$1,000.00 - \$5,000.00 per Academic Year
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<p><b>When would I have to repay the loan?</b></p>	<p><b>Immediately</b> upon dropping out of nursing school, not completing nursing education, failure to pass nursing boards (after first two successive attempts), or not completing required work obligation.</p>															
<p><b>What is the deadline to apply and when will I know if I received it?</b></p>	<p><b>Apply early, the deadline is June 30, 2016.</b> Applications and attachments are not accepted by fax or email. All applicants will be notified by mail of either being selected or declined. If you did not receive a letter, please call our office <b>July 15</b> at (405) 843-5667.</p> <p><b>Due to budget cuts, no interviews will be conducted.</b></p>															
<p><b>What do I need to include with my application?</b></p> <p>Mail application and all required attachments <b>early</b> in order to insure <b>receipt</b> by deadline of June 30, 2016.</p> <p style="text-align: center;"> <b>Must be postmarked BEFORE June 30th</b> </p>	<ol style="list-style-type: none"> <li>1. Complete this application in its <u>entirety</u>, incomplete applications are not processed. <u>Mail completed pages 2-4.</u></li> <li>2. Letter signed by Nursing School Director, on school letterhead certifying either:        ___ Unconditional acceptance into the nursing program if entering in the fall or spring; <b>OR</b>        ___ Letter of good standing if already completed courses in the nursing program, with anticipated graduation date.</li> <li>3. Grades: Letter must contain GPA (and ACT score if available). If not included in the letter, provide a current transcript. If there are no college hours or high school diploma, provide a copy of GED <u>score</u> (not certificate).</li> <li>4. Signed 2015 Federal Income Tax Form 1040, 1040A, or 1040EZ. <b>Dependent students must submit parent's income tax form in addition to their own.</b> If student is not required to file a Federal Income Tax Return, submit <u>proper certification</u> (form can be obtained from our website).</li> <li>5. Signature required on last page. Matching applications must have sponsor section completed.</li> </ol>															

For application to be processed, applicant must provide all of the requested information. Applicant is not contacted regarding deficiencies.

# APPLICANT INFORMATION

Application will not be considered if all blanks are not completed.

Have you received assistance through the Oklahoma Nursing Student Assistance Program in the past? Yes  No   
If yes, what years was it received? \_\_\_\_\_

OFFICE USE ONLY: Fulfilled

Check the type for which you are applying:  Non-Matching  Matching (Sponsor must complete the Sponsor section on the back page of Matching applications. Only one application and sponsor per applicant.)

Name \_\_\_\_\_  
Last First Middle (Maiden if applicable)

Date of Birth (Required) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent Address (where mail will always reach you) \_\_\_\_\_

City, State \_\_\_\_\_ Zip+4 (Use 9-digit zip code) \_\_\_\_\_ County \_\_\_\_\_

Address in July 2016 \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Second Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

List dates lived in Oklahoma \_\_\_\_\_ Are you a U.S. Citizen\*? Yes \_\_\_\_\_ No \_\_\_\_\_  
(\*Must be a U.S. Citizen in order to apply.)

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse Social Security Number \_\_\_\_\_  
Must be entered even if separated.

Spouse Occupation \_\_\_\_\_ Spouse Employer \_\_\_\_\_

Number of Dependents other than yourself and spouse \_\_\_\_\_ Ages: \_\_\_\_\_

Do dependents live in your household? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_

Are you currently licensed to practice as a LPN or RN in Oklahoma? Yes \_\_\_\_\_ No \_\_\_\_\_ Current License Number \_\_\_\_\_

Are you or have you ever worked in a health-related occupation? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how long? \_\_\_\_\_

Where and in what capacity? \_\_\_\_\_

Present Employer and Address \_\_\_\_\_

## STUDY PLANS

Check semester(s) you will be enrolled in nursing program:  Fall 2016  Spring 2017

University, college, or technical school where you have been admitted into the nursing program: \_\_\_\_\_

Institution Name \_\_\_\_\_ | \_\_\_\_\_  
City & State \_\_\_\_\_ Date you expect to receive your degree: \_\_\_\_\_  
Month / Year

Program of Study: LPN\_\_\_ ADN\_\_\_ BSN\_\_\_ MSN\_\_\_ MSN-NP\_\_\_ MSN-Educ\_\_\_ List intended dates of study in nursing program. From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year  
**\*Masters of Nursing Adm/Leadership does NOT qualify.**

If LPN program, please indicate: Two-Year \_\_\_\_\_ One-Year \_\_\_\_\_ Self-Pace \_\_\_\_\_

If career ladder BSN program, indicate when nursing course work will be complete \_\_\_\_\_ and when graduating and receiving BSN \_\_\_\_\_  
Month/Year Month/Year

When do classes begin for the next academic year? \_\_\_\_\_ Estimate intended number of credit hours for Fall, 2016 \_\_\_\_\_ Spring, 2017 \_\_\_\_\_

Do you plan to work while attending school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many hours per week? \_\_\_\_\_

What are your professional goals? \_\_\_\_\_

Many people apply for this scholarship loan. Please give reasons you feel you should be selected. \_\_\_\_\_

In what community do you plan to practice nursing? \_\_\_\_\_

If applying for a matching scholarship, are you related to the owner or an employee of the sponsoring institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give name and relationship. \_\_\_\_\_

Have you read a copy of the contract you will be asked to sign if you are awarded a scholarship loan? Yes \_\_\_\_\_ No \_\_\_\_\_ (Sample available on our website.)

Get answers to frequently asked questions at: [www.pmtc.ok.gov/nsap.htm](http://www.pmtc.ok.gov/nsap.htm).

# FINANCIAL INFORMATION

Application not accepted without completion.

## Available Income

### 2015 Actual

### 2016 Estimated

	Calculate and enter annual amounts.	Calculate and enter annual amounts.
Applicant's Personal Income		
Spouse Income		
Parental Support		
Alimony		
Child Support		
School Financial Aid		
Welfare Benefits: <small>(AFDC, Food Stamps, TANF, Subsidized housing, etc.)</small>		
Social Security Benefits		
Other Income		
<b>➔ Enter Annual Totals ➔</b>	Total Received <b>2015:</b>	Estimated Total <b>2016:</b>

Are you currently, or will you be receiving assistance from any of the following? **ENTER FINANCIAL AMOUNTS ABOVE.**

Stafford _____	Pell Grant _____	Vocational Rehabilitation _____
OTAG _____	Perkins _____	Low Income Housing _____
SEOG _____	Food Stamps _____	BIA Grant or Indian Health _____
WIA _____	Welfare or AFDC _____	Other (name source) _____

Will any family member living in your household, other than yourself, be enrolled in college? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_

Have you received or applied for other assistance with a work obligation? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

**Estimated cost of attendance for 2016-2017:** Tuition and Fees \$ \_\_\_\_\_ Uniforms and Supplies \$ \_\_\_\_\_

Books \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_ Total commuting miles per week: \_\_\_\_\_

Where will you live during the 2016-2017 school year? With Parents \_\_\_\_\_ On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_

Are you currently in default or delinquent in payment on a student loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

## APPLICANT'S STATEMENT

Read & Initial

- I am applying for financial assistance as an incentive to complete my education in nursing and to provide professional services in a health/sickness care institution, state agency or educational institution in Oklahoma. 1. \_\_\_\_\_
- Matching Scholarship Program.** I understand that the receipt of loan funds requires a full-time practice obligation of one year with the sponsor as specified in this application for each year of financial support received (with a minimum of one year) or repayment of scholarship funds plus interest and/or liquidated damages. 2. \_\_\_\_\_  
**Non-Matching Scholarship Program.** I understand that the receipt of loan funds requires a full-time practice obligation of one year in the State of Oklahoma for each year of financial support received (with a minimum of one year) or repayment of scholarship funds plus interest and/or liquidated damages. \_\_\_\_\_
- To qualify as a legal resident for the purpose of this program, a person must have maintained his/her domicile in Oklahoma for at least one year immediately prior to a request for funds and qualify for resident tuition. If the applicant is under eighteen, or dependent, the status of the domicile is determined by that of his/her parents or legal guardian. 3. \_\_\_\_\_

**CHECK ALL THAT APPLY.** \_\_\_\_\_ I am twenty-three years of age or older. \_\_\_\_\_ I am a legal resident of Oklahoma.  
\_\_\_\_\_ I am eighteen years of age or older. \_\_\_\_\_ I would qualify for residency based on the residency status of my parents or legal guardian.

- The Physician Manpower Training Commission (PMTTC) is given permission to contact any parties or to obtain the sources of information, which it deems necessary to verify my eligibility for a loan. I consent for my nursing school to release my grades or my status in school upon request of the PMTC. I consent for verification of my work obligation upon request of the PMTC. 4. \_\_\_\_\_

The information given in this application and supporting forms is accurate and true to the best of my knowledge. I understand that if I knowingly make a false statement or misrepresentation on this application or any of the required supporting documents, it will be grounds for termination of the loan, immediate repayment of any funds already paid to me, and possible criminal action.

Date

Applicant Signature

Application must be completed on back page.

Apply early, the last day to apply for 2016-2017 is June 30, 2016.

# REFERENCES

**Relative:**

**Non-Relative:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of non-relative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

## SPONSOR SECTION

### Nursing Student Assistance Program 2016-2017

In order for the application to be processed as matching, the sponsoring institution must complete this section. The applicant's required supporting documents must be attached for the application to be complete.

Sponsoring Facility: \_\_\_\_\_

Address, City, St Zip: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

We wish to sponsor \_\_\_\_\_ Applicant Name for a matching nursing scholarship loan.

After reviewing the student's financial needs for school, we recommend the following amount of financial assistance for 2016-2017:

(Please request an amount which reflects the student's financial needs for school and is between the minimum and maximum limitations.)	Funding Limits	LPN	ADN	BSN / MSN
		Per PN Program	Per Academic Year	Per Academic Year
<b>Sponsor's Share:</b> \$ _____ per year or per PN program	<b>Minimum Total:</b> Sponsor/State:	<b>\$1,000</b> \$500 / \$500	<b>\$1,000</b> \$500 / \$500	<b>\$1,000</b> \$500 / \$500
<b>State's Share:</b> \$ _____ per year or per PN program	<b>Maximum Total:</b> Sponsor/State:	<b>\$3,500</b> \$1,750 / \$1,750	<b>\$4,000</b> \$2,000 / \$2,000	<b>\$5,000</b> \$2,500 / \$2,500
<b>Total:</b> \$ _____ per year or per PN program				

Have you read a copy of the contract that you and the applicant will be asked to sign? Yes  No

Is applicant related to anyone serving in a leadership capacity with your institution? Yes  No

If yes, please explain: \_\_\_\_\_

Representative of Sponsoring Facility: \_\_\_\_\_  
Name and Title (Please Print)

\_\_\_\_\_  
Signature 



**Mail:**  Application,  School letter,  Grades (GPA, ACT, GED), and  2015 Federal Income Tax Form:

**Physician Manpower Training Commission**  
5500 North Western Avenue, Suite 201  
Oklahoma City, Oklahoma 73118

Email: michelle.cecil@pmtc.ok.gov  
Website: www.pmtc.ok.gov  
Phone: (405) 843-5667

**\* Faxed or emailed applications are not accepted.**  
Only complete applications received by the deadline of June 30, 2016 will be considered.  
**Not all applicants will receive funding.**

The Physician Manpower Training Commission, in compliance with Title VI of the Civil Rights Act of 1974 and Title IX of the Education Amendments of 1972 (Higher Education Act), does not discriminate on the basis of race, color, national origin or sex in any of its policies, practices, or procedures. This provision includes, but is not limited to, employment and financial services.