



STATE OF OKLAHOMA  
PHYSICIAN MANPOWER TRAINING COMMISSION

## Nursing Student Assistance Program

PLEASE READ THE FIRST PAGE OF APPLICATION FORM CAREFULLY. NOT ONLY WILL YOU LEARN MORE ABOUT THE NURSING SCHOLARSHIP LOAN PROGRAM, BUT ALSO YOU WILL KNOW THE NECESSARY REQUIRED ATTACHMENTS IN ORDER TO MAKE YOUR APPLICATION COMPLETE.

IN ORDER TO BE CONSIDERED FOR A NURSING SCHOLARSHIP LOAN FOR THE ACADEMIC YEAR OF 2008-2009, AN APPLICATION FORM WITH ORIGINAL SIGNATURE AND NECESSARY ATTACHMENTS MUST BE RECEIVED BY THE OFFICE OF THE PHYSICIAN MANPOWER TRAINING COMMISSION BY THE **DEADLINE, JUNE 27, 2008.**

### **Necessary Attachments Include:**

1. Complete the following student application in its entirety.
2. For Matching application, sponsor section (last page of application) must also be completed by sponsor.
3. Attach letter from Nursing School Director only certifying unconditional acceptance and/or of being a student in good standing if already in program.
  - For LPN, letter must contain high school GPA or GED score.
  - For ADN, BSN, or MSN, letter must contain ACT score, college GPA or high school GPA (if there is no college GPA)
4. Attach 2007 Federal Income Tax form 1040, 1040A, or 1040EZ or proper certification if not necessary to file Federal Income Tax form. Dependent students must send parent's income tax form in addition to their own.
5. Send application and all required attachments to PMTC office EARLY in order to insure receipt by deadline of June 27, 2008.

**Applicant will be notified by mail of interview or of being declined after July 10, 2008 -- PLEASE DO NOT CALL.** If you are selected as a potential recipient, an interview is required. Please note when the interview session will be held for your section of the State and **leave that day available.**

**West - July 23, 2008 - Burns Flat, OK**

**South - July 24, 2008 - Duncan, OK**

**Northeast - July 30, 2008 - Tulsa, OK**

**Southeast - July 29, 2008 - McAlester, OK**

**Central - August 1, 2008 - Oklahoma City, OK**



# STATE OF OKLAHOMA

# NURSING STUDENT ASSISTANCE PROGRAM

Administered by the Physician Manpower Training Commission

<p>What is the Nursing Student Assistance Program?</p>	<p>It is a state supported financial assistance program for nursing students from Oklahoma, who are pursuing LPN, ADN, BSN, or MSN degrees. Recipients must plan to practice nursing in Oklahoma.</p>															
<p>What are the eligibility criteria?</p>	<ol style="list-style-type: none"> <li>1. Applicant must be a legal resident of Oklahoma.</li> <li>2. Applicant must be a citizen of the United States.</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>How much financial support may I receive?</p>	<p>It depends upon the type of scholarship loan for which you apply. There is a Matching scholarship loan or a Non-Matching scholarship loan.</p>															
<p>What is the difference between the Matching and Non-Matching scholarship loan?</p>	<p>With the <u>Matching</u> scholarship loan, assistance is provided to a nursing student on an equal basis by the State of Oklahoma and a health institution interested in securing the services of the nurse upon graduation. Sponsors may be hospitals, nursing homes, or other health care entities.</p> <p>The lowest amount that may be received is \$1,000.00 (\$500 from State/\$500 from sponsor) per academic year or for entire course work for LPN.</p> <p>The highest amount that may be received per academic year is as follows:</p> <table border="0"> <tr> <td>LPN</td> <td>\$3,500.00</td> <td>(\$1,750/\$1,750)</td> </tr> <tr> <td>ADN</td> <td>\$4,000.00</td> <td>(\$2,000/\$2,000)</td> </tr> <tr> <td>BSN or MSN</td> <td>\$5,000.00</td> <td>(\$2,500/\$2,500)</td> </tr> </table> <p>Funding available for only last two years.</p> <p>The amount of the scholarship loan is most often set by the sponsoring institution. The amount must be between minimum and maximum limitations, and is to be based on actual costs of attending nursing school.</p> <p>Upon completion of school and licensing, the scholarship recipient is obligated to practice nursing at the sponsoring institution one year for each academic year of financial assistance received or must repay the scholarship loan plus interest and/or liquidated damages.</p> <p>-----</p> <p>Scholarship loans granted as <u>Non-Matching</u> scholarship loans are funded solely by the State of Oklahoma. The amounts funded for full-time study per academic year are as follows:</p> <table border="0"> <tr> <td>LPN</td> <td>\$1,750.00</td> </tr> <tr> <td>ADN</td> <td>\$2,000.00</td> </tr> <tr> <td>BSN or MSN</td> <td>\$2,500.00</td> </tr> </table> <p>Funding available for only last two years.</p> <p>Adjustment of the loan amounts will be made for a part-time student.</p> <p>Upon completion of school and licensing, the work obligation repayment can be fulfilled in all Oklahoma medical facilities other than in physician's offices, private duty practice, research, federal facilities, industrial or summer camp nursing. Fulfillment is to be one year for each academic year of financial assistance.</p> <p>Those nurses who do not fulfill their work obligation must repay the scholarship loan plus interest and/or liquidated damages.</p>	LPN	\$3,500.00	(\$1,750/\$1,750)	ADN	\$4,000.00	(\$2,000/\$2,000)	BSN or MSN	\$5,000.00	(\$2,500/\$2,500)	LPN	\$1,750.00	ADN	\$2,000.00	BSN or MSN	\$2,500.00
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<p>When would I have to repay the loan?</p>	<p>Immediately 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>APPLICATION REQUIREMENTS</b></p> <p><b>Required attachments to be included with application.</b></p> <p><b>NO FAXED or E-MAILED APPLICATIONS OR ATTACHMENTS ACCEPTED.</b></p>	<ol style="list-style-type: none"> <li>1. Complete this student application in its <u>entirety</u>.</li> <li>2. For matching application, sponsor section must also be completed by sponsor.</li> <li>3. Attach letter from <u>Nursing School Director only</u> certifying unconditional acceptance and/or of being a student in good standing if already in program.             <ul style="list-style-type: none"> <li>▪ For <u>LPN</u>, letter must contain high school GPA or GED score.</li> <li>▪ For <u>ADN, BSN, or MSN</u>, letter must contain ACT score, college GPA or high school GPA (if there is no college GPA)</li> </ul> </li> <li>4. Attach 2007 Federal Income Tax form 1040, 1040A, or 1040EZ or <u>proper certification</u> if not necessary to file Federal Income Tax form. <u>Dependent students must send parent's income tax form in addition to their own.</u></li> <li>5. Send application and all required attachments to PMTC office <u>EARLY</u> in order to insure <u>receipt</u> by deadline of June 27, 2008.</li> </ol>															
<p>What is the <u>deadline</u> for application?</p>	<p><b>June 27, 2008 DEADLINE FOR APPLICATION APPLY EARLY</b></p>															
<p>If you are selected as a potential recipient, an interview is required. Please note when the interview session will be held for your section of the State and leave that day available.</p>	<table border="0"> <tr> <td>West - July 23, 2008 - Burns Flat, OK</td> <td>South - July 24, 2008 - Duncan, OK</td> </tr> <tr> <td>Northeast - July 30, 2008 - Tulsa, OK</td> <td>Southeast - July 29, 2008 - McAlester, OK</td> </tr> <tr> <td colspan="2">Central - August 1, 2008 - Oklahoma City, OK</td> </tr> </table> <p><b>Applicant will be notified by mail of interview or of being declined after July 10, 2008 -PLEASE DO NOT CALL</b></p>	West - July 23, 2008 - Burns Flat, OK	South - July 24, 2008 - Duncan, OK	Northeast - July 30, 2008 - Tulsa, OK	Southeast - July 29, 2008 - McAlester, OK	Central - August 1, 2008 - Oklahoma City, OK										
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**APPLICANTS MUST PROVIDE ALL OF THE INFORMATION REQUESTED IN ORDER TO HAVE THEIR APPLICATIONS PROCESSED. APPLICANT WILL NOT BE CONTACTED REGARDING DEFICIENCIES.**

# APPLICANT INFORMATION

Check type of scholarship for which you are applying. (Check only one)

Matching \_\_\_\_\_

(Sponsor section must also be completed on back page by sponsor)  
(Only one application and sponsor per applicant)

Non-Matching \_\_\_\_\_

Have you received this scholarship, the Oklahoma Nursing Student Assistance Program, in the past? Yes \_\_\_ No \_\_\_  
If yes, what year(s) did you receive it? \_\_\_\_\_

APPLICATION WILL NOT BE CONSIDERED IF ALL  
BLANKS ARE NOT COMPLETED.

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ County of Residence \_\_\_\_\_

Permanent Address (where mail will always reach you) \_\_\_\_\_  
\_\_\_\_\_ (Use only 9-digit zip codes) Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Address (where you will be in July 2008) \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dates of Oklahoma residency \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_  
Answer "married" if you are separated but not divorced Birth Date \_\_\_\_\_  
REQUIRED

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 an LPN/RN in Oklahoma? Yes \_\_\_ No \_\_\_ Current License Number \_\_\_\_\_

Are you or have you ever worked in a health-related occupation? Yes \_\_\_ No \_\_\_ If so, please explain \_\_\_\_\_  
\_\_\_\_\_ How long were you employed? \_\_\_\_\_

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

## STUDY PLANS

Name and address of institution where you have been accepted for admission to a nursing program \_\_\_\_\_  
\_\_\_\_\_ Campus or Branch \_\_\_\_\_

Present Program of Study: LPN \_\_\_ ADN \_\_\_ BSN \_\_\_ MSN \_\_\_ Give inclusive date of intended study. From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year of Graduation

If LPN Program, please indicate if self-pace program or two-year program: Self-Pace \_\_\_ Two-Year \_\_\_ One-Year \_\_\_

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

When do classes begin for the next academic year? \_\_\_\_\_ Estimate intended number of credits for Fall, 2008 \_\_\_ Spring, 2009 \_\_\_

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 \_\_\_

**FINANCIAL INFORMATION** *Application not accepted without completion.*

AVAILABLE INCOME	ACTUAL 2007	ESTIMATED 2008
Personal Income		
Spouse Income		
Parental Support		
Alimony		
Child – Support		
School Financial Aid		
Welfare Benefits (AFDC, Food Stamps, Subsidized housing, etc.)		
Social Security Benefits		
Other Income		
Compute and enter Total Income	<b>TOTAL:</b>	<b>TOTAL:</b>

Are you currently, or will you be receiving assistance from any of the following?

ENTER FINANCIAL AMOUNTS ABOVE.

Stafford \_\_\_\_\_  
 OTAG \_\_\_\_\_  
 SEOG \_\_\_\_\_  
 WIA \_\_\_\_\_

Pell Grant \_\_\_\_\_  
 Perkins \_\_\_\_\_  
 Food Stamps \_\_\_\_\_  
 Welfare or AFDC \_\_\_\_\_

Vocational Rehabilitation \_\_\_\_\_  
 Low Income Housing \_\_\_\_\_  
 BIA Grant or Indian Health \_\_\_\_\_  
 Other (name source) \_\_\_\_\_

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

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 \_\_\_\_\_

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

Estimated cost of attendance for 2008-2009 (please list amount):

Tuition and Fees \$ \_\_\_\_\_ Uniforms and Supplies \$ \_\_\_\_\_

Books \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_ (Commuting miles per week) \_\_\_\_\_

Where will you live during the 2008-2009 school year? With Parents \_\_\_\_\_ On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_

**APPLICANT'S STATEMENT**

**SIGNATURE IS NECESSARY BELOW**

- 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.
- Matching Scholarship Program.** I understand that the recipient of loan funds require 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.  
  
**Non-Matching Scholarship Program.** I understand that the recipient of loan funds require 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. Please check below all that applies to you.

\_\_\_\_\_ I am eighteen years of age or older and a legal resident of Oklahoma

\_\_\_\_\_ I would qualify for residency based on the residency status of my parents or legal guardian.

\_\_\_\_\_ I am twenty-three years of age or older.

The Oklahoma 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.

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

\_\_\_\_\_ Signature of Applicant

**APPLICATION MUST BE COMPLETED ON BACK PAGE**

# REFERENCES

\_\_\_\_\_  
Name (of person who IS a relative)

\_\_\_\_\_  
Name (of person who IS NOT a relative)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

**PLEASE SEND APPLICATION, REQUIRED LETTER FROM SCHOOL, FEDERAL INCOME TAX FORM, GPA, ACT, OR GED TO THE FOLLOWING ADDRESS:**



Physician Manpower Training Commission  
5500 North Western Avenue, Suite 201  
Oklahoma City, Oklahoma 73118  
PHONE: (405) 843-5667

E-Mail: michelle.cecil@pmtc.ok.gov  
Website: www.pmtc.ok.gov

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.

## SPONSOR SECTION FOR THE OKLAHOMA NURSING STUDENT ASSISTANCE PROGRAM 2008-2009

In order for application to be processed, sponsoring institution must complete for matching scholarship loan.  
In order for application to be complete, all of required supporting documents must be attached.

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

After reviewing the student's financial needs for school, we recommend the following amount of financial assistance for the academic year 2008-2009.

MINIMUM LIMITATIONS: \$500/\$500

MAXIMUM LIMITATIONS:

LPN \$1,750/\$1,750  
ADN \$2,000/\$2,000  
BSN OR MSN \$2,500/\$2,500

(Please request an amount between minimum and maximum limitations which reflects the student's financial needs for school.)

Sponsor's Share: \$ \_\_\_\_\_ per year

State's Share: \$ \_\_\_\_\_ per year

Name of Sponsoring Facility \_\_\_\_\_

Address of Sponsoring Facility \_\_\_\_\_

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

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 (Please Print)

(Title)

\_\_\_\_\_  
Signature

Not all applicants will receive funding. Only complete applications received by deadline of June 27, 2008 will be considered.

**FAXED OR E-MAILED APPLICATIONS ARE NOT ACCEPTED**