

# **Texas Higher Education Coordinating Board Nursing Faculty Loan Repayment Assistance Program**

## **Information and Instructions**

**Please carefully read the following information before completing your application.**

The purpose of the Nursing Faculty Loan Repayment Assistance Program is to improve access to nursing education programs by encouraging qualified nurses to serve as faculty in eligible institutions of higher education that require an advanced degree in professional nursing.

### **Eligibility Requirements**

Applicants must:

- hold a master's or doctoral degree in nursing;
- be licensed by the Texas Board of Nursing for the State of Texas;
- at the time of application for repayment assistance, have been employed full time for at least one year as, and be currently employed (for the upcoming academic year) full time as a faculty member of a nursing program at an eligible institution in a position that requires an advanced degree in professional nursing; and
- submit a completed application to the Texas Higher Education Coordinating Board (THECB) during the annual application period.

### **Loan Repayment Assistance**

Funds will be available for this program only if funds have been reallocated for this purpose from the Physician Education Loan Repayment Program account at the end of a fiscal year (and/or if gifts, grants and donations are made to the program).

- Nurses may qualify for up to \$7,000 in student loan repayment for a period of up to 5 years.
- Annual loan repayment awards are disbursed to lenders after all applications have been reviewed and ranked, following the application deadline.
- Loan repayment awards will be reported to the Internal Revenue Service.

### **Priorities for Approval of Applications**

If there are not sufficient funds to award loan repayment assistance for all eligible nursing faculty whose applications are received by the published deadline, priority will be given to renewal applications, after the initial year of the program.

Initial applications will be ranked based on the following:

- faculty at institutions having the highest rates of nursing faculty position vacancies; and
- faculty at institutions having the highest degree of difficulty in recruiting and retaining nursing faculty, indicated by the period of time nursing faculty positions remain vacant at the institutions

### **Eligible Loans**

- must be evidenced by a promissory note which required the loan proceeds to be used to pay higher education costs;
- may not have an existing service obligation; and
- may not be in default status.

### **Application Instructions**

1. Complete all of Part I, Part 2, Section A, and Part 3 of the application.
2. Ask the Dean of Nursing, Director of Human Resources, or other official who is authorized to verify employment information to complete Part 2, Section B of the application and return it to you.
3. Fax or mail the completed application to our office.
4. **Applications must be received in our office or post marked no later than June 10, 2014 to be considered.**

**Texas Higher Education Coordinating Board  
PO Box 12788  
Austin, Texas 78711-2788  
1-800-242-3062 (Outside Austin) (512) 427-6340 (Austin area)  
Fax: 512-427-6423**

**Texas Higher Education Coordinating Board**  
**Nursing Faculty Loan Repayment Assistance Program**

Part 1 – Applicant Information

**Applicant Information and Understandings – *The applicant must complete this section.***

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Any Prior Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

\_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

License No. \_\_\_\_\_

☐ I hold a master's degree

☐ I hold a doctoral degree

Provide the following information for all educational loans you received while attending a public or private institution of higher education. Be sure to list your loans in the priority order in which you would like for them to be repaid.

| Name of Lender or Servicer | Account Number | Estimated Balance | % of Amount to be applied to the loan |
|----------------------------|----------------|-------------------|---------------------------------------|
| 1. _____                   | _____          | _____             | _____                                 |
| 2. _____                   | _____          | _____             | _____                                 |
| 3. _____                   | _____          | _____             | _____                                 |
| 4. _____                   | _____          | _____             | _____                                 |
| 5. _____                   | _____          | _____             | _____                                 |

Did the promissory note or governing terms of the loans listed above require that the loan proceeds be used for expenses incurred by you to attend a public or private institution of higher education?

☐ Yes ☐ No If no, list the priority number(s) of the loans(s) that did not: \_\_\_\_\_

Are any of the loans listed above currently in default?

☐ Yes ☐ No If yes, list the priority number(s) of the loans(s) currently in default: \_\_\_\_\_

Are any of the loans listed above a spousal consolidation loan?\*

☐ Yes ☐ No If yes, list the priority number(s) of the spousal consolidation loans: \_\_\_\_\_

\*Loans included in a spousal consolidation loan will be eligible for repayment only if the applicant's portion of the debt is verified by the lender.

I understand that Nursing Faculty Loan Repayment Assistance Program awards :(1) are disbursed to lenders after all applications have been reviewed and ranked, (2) are contingent upon availability of funds, and (3) will be reported to the Internal Revenue Service by the Texas Higher Education Coordinating Board.

I certify that I am currently employed full time as a faculty member of a nursing program at an eligible institution. I also certify that the information contained in all parts of this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Warning:** A person submitting misleading or fraudulent information to the Texas Higher Education Coordinating Board in an attempt to obtain financial aid is subject to criminal prosecution.

Texas Higher Education Coordinating Board

Nursing Faculty Loan Repayment Assistance Program

Part 2 – Service Verification

Section A: The applicant must complete this section.

Name of Applicant

Any Prior Name(s)

Name of Institution

Institution Phone Number for Applicant

Address of Institution

☐ Two-year institution of higher education

☐ Four-year institution of higher education

City

State

Zip

By my signature below, I give permission to provide my employment information to the Texas Higher Education Coordinating Board.

Nursing Faculty Signature

Date Signed: \_\_\_\_\_

Section B: Must be completed by the Dean of Nursing, Director of Human Resources, or other official who is authorized to verify employment information for employees of the institution.

Beginning date of employment: \_\_\_\_\_

Position Title: \_\_\_\_\_

Has the applicant named above been employed full time as a nursing faculty member at this institution for at least one academic year in a position that requires an advanced degree in professional nursing?

☐ Yes

☐ No

Is the applicant under contract to continue serving as a full-time nursing faculty member at this institution for the **2014-2015** academic year, in a position that requires an advanced degree in professional nursing?

☐ Yes

☐ No

Please indicate which of the following characterizes the faculty member's primary teaching responsibilities:

☐ Initial Licensure Program

☐ LVN to RN Program

☐ Master's Level Program

☐ Doctoral Level Program

☐ Other (explain) \_\_\_\_\_

What percentage of time does the faculty member spend teaching in the above primary area of teaching responsibility? \_\_\_\_\_%

What percentage of time does the faculty member spend teaching (all areas)? \_\_\_\_\_%

I certify that the information on this form is true and correct.

Authorized Administrative Official's Signature

Date Signed

Printed Name and Title

Phone Number

Email Address

Fax Number

**Warning:** A person submitting misleading or fraudulent information to the Texas Higher Education Coordinating Board in an attempt to obtain financial aid is subject to criminal prosecution.

**Texas Higher Education Coordinating Board**  
**Nursing Faculty Loan Repayment Assistance Program**

Part 3 – Loan Verification

**Authorization to Release Loan information - *The applicant must complete this section.***

**I authorize my lender or servicer to release information regarding my student loan(s) to the Texas Higher Education Coordinating Board (THECB). Please accept this as my written request to provide my student loan information to the THECB.**

Last 4 Digits of Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Any Prior Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

\_\_\_\_\_

Other Phone No.: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

City State Zip Code

Signature of Applicant

Date Signed

**Privacy Act Notice**

Certain information required on the application is made confidential by the Privacy Act of 1974 (5 USC 552a). The requested information is necessary for participation in the Nursing Faculty Loan Repayment Assistance Program, to verify your identity and to determine your eligibility for the program and for any benefits from it. The Privacy Act provides that an agency may continue to require disclosure of an applicant's Social Security Number (SSN) as a condition for the granting of a right, benefit, or privilege if the agency required this disclosure prior to January 1975. The Texas Higher Education Coordination Board has, for years prior to 1975, required the disclosure of the SSN of all applicants for the programs that it administers. The SSN may be used to verify your identity and as an account number (identifier) throughout your participation in the program, in order to make certain that THECB records necessary data accurately. As an identifier, the SSN will be used to determine program eligibility.

**The following notices are provided in accordance with Texas Government Code, Section 559.003(a):**

1. With few exceptions, you are entitled on request to be informed what information THECB collects about you, and to receive and review the information.
2. Under Section 559.004 of the Government Code, you are entitled to have THECB correct information about you that is incorrect. You may do so by writing to Nursing Faculty Loan Repayment Assistance Program, Texas Higher Education Coordinating Board, P.O. Box 12788, Austin, Texas 78711.
3. The information that the Texas Higher Education Coordinating Board collects will be retained and maintained as required by Texas record retention laws (Texas Government Code, Section 441.180 et seq.) and rules. Different types of information are kept for different periods of time.