



TEXAS HIGHER EDUCATION COORDINATING BOARD
Doctoral Incentive Loan Repayment Program
Initial Application
Information and Instructions

Please carefully read the following information before completing your application.

The purpose of the Doctoral Incentive Loan Repayment Program (DILRP) is to provide student loan repayment assistance as an incentive to attract members of underrepresented groups to full-time service as faculty members or administrators at Texas public or private institutions of higher education.

ELIGIBILITY REQUIREMENTS

To be eligible for loan repayment assistance under the Doctoral Incentive Loan Repayment Program (DILRP), an individual must:

1. Submit an initial application to the Coordinating Board to participate in the program so funds may be encumbered for the applicant, pending completion of eligible service;
2. At the time the *initial* DILRP application is submitted, have a full-time job offer as a doctoral faculty member or doctoral administrator with supervisory duties from, or be negotiating a contract with, an eligible institution;
3. At the time the *initial* DILRP application is submitted, have *not* been employed full-time as a doctoral faculty member or doctoral administrator with supervisory duties in an eligible institution for more than 12 months;
4. Be a Texas resident;
5. Demonstrate:
 - A. That he or she graduated from a Texas high school that at the time of his or her graduation was:
 - I. One from which only 50 percent or less of the graduating class enrolled in an institution of higher education following graduation or
 - II. A low income schoolor
 - B. That at the time of graduation from high school, he or she resided in an area of Texas where the high school closest to his or her residence was:
 - I. One from which only 50 percent or less of the graduating class enrolled in an institution of higher education following graduation or
 - II. A low-income school
6. Have received a doctoral degree from a college or university that is accredited by a recognized accrediting agency;
7. Have qualified for student financial aid based on financial need while enrolled in a graduate-level degree program;
8. Provide the Board with verification of fulfillment of his or her employment service period as a full-time doctoral faculty or administration member in a Texas public or independent institution of higher education for at least one year;
9. At the time DILRP employment verification is provided, indicate whether or not participation in the DILRP will continue. Renewal applicants must have a contract for an additional service period as a full-time doctoral faculty or administration member in a public or independent institution of higher education in Texas.

ANNUAL LOAN AMOUNTS

The maximum annual repayment amount is \$20,000.00. Participation in the program is limited to 5 years. Annual loan repayments are disbursed after verification of eligible service for a complete academic year, and are made co-payable to the participant and the holder of the loan. Repayments under this program are considered taxable income by the Internal Revenue Service, and will be reported as such by the Texas Higher Education Coordinating Board. Approval of applications will depend upon the availability of funds.

LOANS ELIGIBLE FOR REPAYMENT

1. Must be evidenced by a promissory note which explicitly required the loan proceeds to be used to pay the costs incurred for attending a public or private institution of higher education;
2. Are not being repaid through the Border County Doctoral Faculty Education Loan Repayment Program administered by the Texas Higher Education Coordinating Board; and
3. Must not be in default.

APPLICATION INSTRUCTIONS

1. The applicant must complete Sections A and B;
2. The designated institution official must complete Section C;
3. The completed application must be mailed to the Texas Higher Education Coordinating Board at the address below;
4. Faxed and incomplete applications will not be considered or processed.

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



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Part 1 - Applicant Information

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

Social Security #: _____
 Name: _____
 Home Address: _____

Date of Birth: ____ / ____ / ____
 Any Prior Name(s): _____
 Home Phone #: (____) _____
 Other Phone #: (____) _____
 E-mail: _____

City State Zip Code

Date High School Diploma Received: ____ / ____ / ____

High School Attended

Name: _____
 Address: _____

City State Zip Code

High School Nearest to Residence at the Time of Graduation
 (IF DIFFERENT THAN ABOVE)

Name: _____
 Address: _____

City State Zip Code

Please check applicable item (OPTIONAL- FOR STATISTICAL PURPOSES ONLY)

Ethnicity: White Black
 Hispanic Asian
 American Indian Other

Date Undergraduate Degree Conferred: ____ / ____ / ____

Awarding Institution: _____

Date Masters Degree Conferred: ____ / ____ / ____

Awarding Institution: _____

Date Doctoral Degree Conferred: ____ / ____ / ____

Awarding Institution: _____

Type of Doctoral Degree Earned: _____

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 in which you would like for them to be repaid.

	Lender or Servicer	Loan Type or Program	Estimated Balance
Priority 1	_____	_____	_____
Priority 2	_____	_____	_____
Priority 3	_____	_____	_____
Priority 4	_____	_____	_____
Priority 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, State the priority number(s) of the loan(s) that did not: _____

Are any of the loans listed above currently in default?
 Yes No If yes, State the priority number(s) of the loan(s) in default: _____

Are any of the loans listed above a spousal consolidation?
 Yes No If yes, State the priority number(s) of the spousal consolidation loans: _____

Do any of the loans listed above entail a service obligation?
 Yes No If yes, State the priority number(s) of the loans that do: _____

Are you currently participating in the Border County Doctoral Faculty Education Loan Repayment Program?
 Yes No

I understand that the Doctoral Incentive Loan Repayment Program disbursements are (1) made annually after completion and verification of eligible service for the academic year, (2) contingent upon the availability of funds, and (3) *considered taxable income by the Internal Revenue Service and will be reported as such by the Texas Higher Education Coordinating Board.*

I certify that I am a Texas resident, qualified for student financial aid based on financial need while enrolled in a graduate-level degree program, received a doctoral degree from a college or university that is accredited by a recognized accrediting agency and meet all the eligibility requirements outlined on page 1 of this application. 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
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Part 2 – Employment Confirmation

Section B: *The applicant must complete this section.*

Printed Name of Applicant _____

Employer or Prospective Employer (Name of Institution) _____

Social Security Number _____

Institution Street Address _____

Any Prior Name(s) _____

City _____ State _____ Zip Code _____

- I certify that I am negotiating employment in an eligible institution
 have contracted for employment in an eligible institution
 have been employed in an eligible institution
- as a full-time faculty member.
 administrator with supervisory duties.

I also certify that I have *not* been employed as a full-time doctoral faculty member or administrator for more than 12 months.

I authorize my current or prospective employer to release information regarding my employment to the Texas Higher Education Coordinating Board.

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.

Section C: *The designated institution official must complete this section.*

I certify that, for the 2009-2010 academic year, the individual named in Section B above:

- is negotiating employment
 has contracted for employment
 has been employed

as a full-time faculty member in the _____ teaching field
 administrator with supervisory duties

at _____
 Name of Institution

Indicate the type of doctoral degree held by applicant: _____
Note: Law or health professional degrees are ineligible

Provide the applicant's beginning date of employment as a *doctoral* faculty member or administrator: ____/____/____

I certify that the information on this form is true and correct to the best of my knowledge.

Designated Official's Printed Name and Title _____ (_____) _____
 Phone Number

Email Address _____ (_____) _____
 Fax Number

Designated Official's Signature _____ Date Signed _____

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Doctoral Incentive Loan Repayment Program (DILRP)

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 Doctoral Incentive Loan Repayment 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 eligibility 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 Doctoral Incentive Loan Repayment 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.