

## Application for Enrollment in the Nursing Faculty Loan Repayment Assistance Program Information and Instructions

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

- Nurses may qualify for up to \$7,000 a year in student loan repayment for a period of up to 5 years.
- Annual loan repayment awards are made annually following verification of completion of an employment service period.
- Repayment under this program will be reported as taxable income to the Internal Revenue Service by the Texas Higher Education Coordinating Board.

### 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 parts of the application.
2. Fax or mail the completed application to our office. If you wish to submit your application by secure email, contact our office at the number below.
3. **Applications must be received in our office or post marked no later than November 15, 2019 to be considered.**

**Texas Higher Education Coordinating Board**  
PO Box 12788  
Austin, Texas 78711-2788  
1-800-242-3062  
Fax: 512-427-6555



**Application for Enrollment  
Nursing Faculty Loan Repayment Assistance Program  
Part 1 – Applicant Information**

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

TX Nursing 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	Loan Type/Program	Estimated Balance
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.

**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.

**Application for Enrollment  
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Part 2 – Employment Information**

\_\_\_\_\_  
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

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

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

Are you under contract to serve as a full-time nursing faculty member at this institution for the **2019-2020** academic year, in a position that requires an advanced degree in professional nursing?

Yes  No

Please indicate which of the following characterizes your primary teaching responsibilities:

Initial Licensure Program  LVN to RN Program  Master's Level Program  Doctoral Level Program

Other (explain) \_\_\_\_\_

I understand that Nursing Faculty Loan Repayment Assistance Program awards are made annually following verification of completion of an employment service period and are contingent upon availability of funds.

I understand that loan repayment assistance through this program will be reported to the Internal Revenue Service by the Texas Higher Education Coordinating Board.

**I certify that the information contained in all parts of this application is true and correct to the best of my knowledge.**

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

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

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Part 3 – Authorization to Release Loan Information

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 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, PO Box 12788, Austin, Texas 78711-2788.
3. The information that the THECB 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.