



Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700

FAX 501.686.2714

www.arsbn.org

FAITH A. FIELDS NURSING SCHOLARSHIP LOAN INFORMATION

Application Deadline: June 1

GENERAL INFORMATION

- Applications are accepted January 1 - June 1 of each year.
- Scholarship awards are made for the academic year (fall and spring semester).
- Nursing program attending must be approved by the Arkansas State Board of Nursing (ASBN) and/or the Arkansas Department of Higher Education (ADHE). For a list of ADHE approved programs, go to www.adhe.edu
- Recipients who do not teach/practice in the State of Arkansas or fails to comply with any requirements of the agreement shall repay the loan with interest.
- Loan recipients may receive a maximum award of \$5,000 per semester not to exceed \$10,000 per academic year for a full-time (as defined by the educational institution) student. Recipients may receive a maximum award of \$2,500 per semester not to exceed \$5,000 per academic year for a part-time (as defined by the educational institution) student. The total of the loans to any one (1) recipient shall not exceed \$20,000.

GENERAL APPLICANT REQUIREMENTS

- Be an Arkansas resident
- Be a citizen of the United States or permanent resident alien
- Be accepted or enrolled in an Arkansas approved nursing education program or nationally accredited out-of-state nursing education program that meets requirements of ASBN and ADHE
- Demonstrate a valid financial need that is identified by the required filing of the Free Application for Student Aid (FAFSA) application
- Not be related to an Arkansas State Board of Nursing Board member or staff according to the Arkansas Nepotism policies

ADDITIONAL REQUIREMENTS ACCORDING TO LOAN TYPE

EDUCATOR LOAN

- Enrolled in an Arkansas approved or nationally accredited baccalaureate, master's, or doctorate of nursing education program
- Hold a current unencumbered nursing license
- Agree to teach full-time in an Arkansas nursing education program one year for each year the loan is awarded

PRACTICE LOAN

- Hold a current unencumbered nursing license (if already licensed as a nurse)
- Agree to practice full-time as a registered nurse or licensed practical nurse in Arkansas one year for each year the loan is awarded

For continued eligibility, the recipient must:

- Successfully complete the nursing studies of the preceding semester,
- Remain in good standing as an enrolled student in the nursing education program,
- Provide documentation to ASBN of any changes in program of study or completion time frame,
- Submit a transcript for the previous semester that was funded by the loan, and
- Continue to be a lawful resident of the State of Arkansas



Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700

FAX 501.686.2714

www.arsbn.org

FAITH A. FIELDS NURSING SCHOLARSHIP LOAN APPLICATION

Application Deadline: June 1

DIRECTIONS

- Complete all data fields
- Submit Faith A. Fields Nursing Scholarship Loan Application and additional documents to Arkansas State Board of Nursing at the address listed at the top of the application
- Attach required documents (applications are considered incomplete if ALL documents have not been received by June 1)
- Complete a current Free Application for Federal Student Aid (FAFSA) application at <http://studentaid.ed.gov/PORTALSWebApp/students/english/fafsa.jsp>

LOAN TYPE

(check one) Educator _____ Practice _____

GENERAL INFORMATION

Name _____

Mailing Address _____ Street _____ City _____ State _____ Zip _____

Main Phone Number _____ Secondary Phone Number _____

Email _____

Social Security Number _____ Date of Birth _____

Are you an Arkansas resident? Yes _____ No _____ Number of years living in Arkansas _____

Citizenship Status: U.S. Citizen _____ Permanent Resident Alien* _____
*If permanent resident alien, you must attach I-161 or other acceptable documents

Gender (optional) Female _____ Male _____

Race (optional) African/American _____ Caucasian _____ Asian American _____ Asian Indian _____
Asian Other _____ Hispanic _____ Native American _____ Pacific Islander _____ Other _____

Have you ever been licensed as a nurse? Yes _____ No _____
If yes, list all state(s) and license number(s) _____

Are you related to any current ASBN Board member or staff? _____ If yes, who _____

EDUCATION INFORMATION

Name of Nursing Education Program _____

Program's Mailing Address _____ Street _____ City _____ State _____ Zip _____

Type of Program: LPN _____ Associate RN _____ Diploma RN _____ Bachelor RN _____
Master's in Nursing _____ Doctorate in Nursing _____

Number of hours enrolled _____ Student status: Full-time _____ Part-time _____

What is your nursing degree speciality (if applicable)? _____

What is your expected graduation date? _____ Length of time teaching in nursing (if applicable) _____

FAITH A FIELDS NURSING SCHOLARSHIP LOAN APPLICATION

FINANCIAL INFORMATION

What is your projected household income for the year of requested funding? _____

Marital Status: (circle one) single divorced widowed married separated

Number of dependent(s) in household _____

List all financial support you are receiving for your education (loans, scholarships, employee tuition discounts, employer reimbursement programs, stipends, etc.) (attach additional page(s) if needed)

Type of Financial Support _____ Amount _____

Type of Financial Support _____ Amount _____

List all debt you have (list total payoff and not just monthly payments) (attach additional page(s) if needed)

Home mortgage _____ Car Loan(s) _____

Credit card(s) _____ Other _____

Monthly house/apartment rental payment _____

BACKGROUND INFORMATION

Have you ever been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction? This includes DWI and DUI. (circle one) Yes No

Are you under investigation in any state or jurisdiction or has any license or certificate been disciplined by any state (e.g., reprimand, probation, suspension, revocation, civil penalty, and/or voluntary surrender)? (circle one) Yes No N/A
If yes, what state(s)?

Has any disciplinary action been taken against you, or has your authority to practice been restricted by any federal or state agency, including, but not limited to, Medicare or Medicaid? (circle one) Yes No

Have you been addicted to or treated for the use of alcohol or any other abuse potential substance? (circle one) Yes No

If you answered yes to any of the questions in the background information section, you MUST attach a written explanation. Also, include any court papers and relevant documents. Please note a background check may be performed at the cost of the applicant before funding for the nursing student loan is approved. Both federal and state background checks are mandatory for licensure in Arkansas.

TERMS OF THE AGREEMENT

Submission of this application does not assure financial assistance. I understand that the information submitted by me on this request will be used to aid in verifying my eligibility for financial assistance. I understand the obligations assumed upon accepting this loan and the obligations assumed if I default on this agreement. I understand the obligations as follows.

SERVICE REPAYMENT AGREEMENT The agreement between the recipient and the Arkansas State Board of Nursing, which defines the duties and responsibilities of each party with regard to the Faith A. Fields Nursing Scholarship Loan.

TERMS I agree to pay the Arkansas State Board of Nursing, the principal sum of the loan, plus interest in United States currency, upon maturity of this loan. If a loan with the Arkansas State Board of Nursing is outstanding from a prior year nursing student loan agreement, these terms are in addition to the previous agreement.

INTEREST I understand the principal of the loan(s) shall be due in addition to interest at the maximum rate allowed by Arkansas law, or 5% above the federal discount rate, whichever is less. The interest shall accrue from the date each payment of funds was received by the recipient until the principal and accumulated interest are paid.

MATURITY This note will mature upon the borrower ceasing to be an eligible student in a qualifying nursing education program. Upon maturity, repayment of the principal and interest shall begin within ninety (90) days after the date the recipient ceases to be an eligible student. The recipient shall notify the Board within thirty (30) days of the date the recipient is no longer an eligible student. Payment shall be completed no more than twenty-four (24) months from the date the recipient ceases to be an eligible student.

CONDITIONS THAT MUST BE MET ONCE I AM AWARDED FUNDING For each academic year that I receive a loan/scholarship, I must be an Arkansas resident in good academic standing and maintain at least part-time enrollment in a recognized education course leading to an associate degree, a diploma, a bachelor, masters or doctorate in nursing, or to the achievement of educational requirements for a licensed practical nurse.

HOW STUDENT LOANS ARE REPAYED I understand that each candidate accepted by the Board for a loan shall practice or teach nursing in a qualifying Arkansas facility. For each continuous full-time calendar year of qualified nursing service, the Board will cancel, by transferring to a scholarship, the full amount of one academic year's loan plus accrued interest. Loans made for succeeding years will be changed in like manner, one year of employment for each year of financial aid, until the loan commitment is completely reclassified.

IF I DEFAULT ON MY COMMITMENT If I default on this contract, I will be required to pay all loans and the interest thereon. The note will become due and payable immediately. The repayment period begins on the date the recipient is noncompliant. It shall be considered unprofessional conduct for failure to repay the nursing student loan as required.

FAITH A FIELDS NURSING SCHOLARSHIP LOAN APPLICATION

IF I DEFAULT ON THE SERVICE AGREEMENT If I default on the service repayment agreement, I will be subject to monetary repayment of the contracted amount plus interest. If termination of qualified employment results from circumstances beyond my control, deferral status may be approved for a period up to ninety (90) days to permit me to obtain qualified employment in Arkansas.

THE BORROWER FULLY UNDERSTANDS AND AGREES TO THE FOLLOWING

1. The borrower will send written notice to the Arkansas State Board of Nursing, Faith A. Fields Nursing Scholarship Loan Program within thirty (30) days after any change in enrollment status, employment, program eligibility, academic standing, name or address. Forms verifying participant status must be completed and returned to the Arkansas State Board of Nursing within 14 days after program completion or withdrawal.
2. The Arkansas State Board of Nursing retains all administrative, civil, and criminal remedies for breach of this contract by the participant.
3. Deferral of loan repayment may be approved provided I demonstrate I am currently enrolled in good academic standing, in a qualified nursing education program, and the initial eligibility requirements are still applicable.
4. Deferral may be granted if I am involuntarily serving on active duty in the United States armed forces. If the deferral is due to military service, interest is not accrued during the deferral period.
5. If I receive a deferral, the Board may review my deferral as often as needed, but will review annually to insure compliance.
6. In order to convert my nursing student loan into a scholarship grant, a work history must be submitted on the prescribed forms on an annual basis until the entire loan obligation is retired.
7. If monetary payments are required to be made to the Arkansas State Board of Nursing due to the Faith A. Fields Nursing Scholarship Loan, payments must be received by the fifth of each month to be considered timely.
8. If I do not pass my RN or LPN licensure examination, I will be subject to monetary repayment of the contracted amount plus interest. Repayment of the principal and interest shall begin within ninety (90) days after the date I cease to be an eligible student, or immediately upon notification of failure to pass the licensure examination whichever is later. I will notify the Board's Nursing Student Loan Program within ten (10) days of the date I am notified I did not pass the RN or LPN licensure examination. Payment shall be completed no more than twenty-four (24) months from the date I cease to be an eligible student.

I understand my obligation to provide nursing services in Arkansas, upon completion of my training and licensure in nursing if I am awarded and accept funding from the Arkansas State Board of Nursing Faith A. Fields Nursing Scholarship Loan. I understand that if I receive this loan, I must repay funds received if I do not fulfill the required teaching/practice obligation, do not complete my program of study, or if I do not remain in good standing as an enrolled student in the nursing education program. Awards are subject to the availability of funds. I affirm that I am the person referred to in this application for a nursing student loan, and that the contents in this document and the statements therein including any attachments are true, correct and complete to the best of my knowledge and belief.

Signature _____

Date _____

REQUIRED ATTACHMENTS

FOR ELIGIBILITY THE FOLLOWING MATERIAL MUST ACCOMPANY YOUR COMPLETED APPLICATION

- 1) Proof of Arkansas Residence (ie. Copy of driver's license, copy of voter's registration card, copy of state identification card, or copy of state tax return).
- 2) Letter of acceptance to an approved nursing education program, or if already enrolled in a nursing education program, submit a current official transcript.
- 3) Schedule of your program of study outlining courses that remain to be taken to complete your degree. List enrollment by semester and credit hour. Must be signed by your advisor.
- 4) A copy of the first two pages of your federal income tax return for the prior year. If you filed your return "married filing separately" you must also attach a copy of your spouse's return. If you are not required to file a return, or if you receive any support from your parents, you must also send a copy of your parent's return.
- 5) An official transcript from your highest level of education.
- 6) Written explanation, court records and other relevant documents if marked "yes" to Background Information question(s).
- 7) Documentation of Permanent Resident Alien status (if applicable).

RETURN THIS APPLICATION AND ATTACHMENTS TO:

Faith A. Fields Nursing Scholarship Loan
Arkansas State Board of Nursing
1123 S. University Ave., Suite 800
Little Rock, AR 72204

All applications will be reviewed. Applications will be removed from the selection that are illegible, incomplete, received after the deadline, did not meet the eligibility requirements, application appearance was unprofessional, had discrepancies in the file, did not use our forms, etc. All remaining applications will be reviewed and rated by the committee members.