Rhode Island Student Loan Authority's
Nurse Educators Loan Forgiveness Program
2012 Application

Application Deadline: Applications are accepted and award determinations will be made on a rolling basis.

Mail completed application to:

Rhode Island Student Loan Authority, 560 Jefferson Blvd., Suite 200, Warwick, RI 02886-1371 Attn: Nurse Educators Loan Forgiveness Program

A. Nurse Educators (Applicant) Information

Name: Mr. /Ms. _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Cell Phone: _____

1. Education: Name of School(s)/Program, Date and Degree Awarded:

_____ _____ _____

_____ _____ _____

_____ _____ _____

B. Employment Information

1. Name of Institution: _____

   Street Address: _____

   City: _____ State: _____ Zip Code: _____

   Phone: _____ Days/Week: _____ Hours/Week: _____

2. Date employment began or will begin: _____

3. PT or FT: _____

C. Institution Recruiting:

1. Name of Institution: _____

2. Contact Person:_____ Phone: _____

   Street Address: _____

   City: _____ State: _____ Zip Code: _____

   Fax: _____ Email: _____

D. Special Considerations.

Please describe any special or extenuating circumstances that should be considered in evaluating this application. This can include problems in recruiting, circumstances that make retention difficult, results of consumer surveys, issues you feel worthy of consideration. **(Important: Information included in this section is very important for the selection committee that reviews applications – you may attach additional pages for this section.)**

The Recruiter by signing below is confirming that the applicant has been offered a position and that the information in Section B and C of the application is accurate.

Signature Recruiter: _____ Date: _____

Print Name: _____ Title: _____

E. Required Statement of Need for Educational Loan Repayment Funds to Remain/Begin Teaching in Rhode Island

Please attach a typed statement of why you have chosen to become a Nurse Educator in Rhode Island. Please include information on how the Educational Loan Repayment Program and other factors may influence your decision to enter this profession. **Information included in this section is very important for the committee reviewing this application. (ATTACH REQUIRED STATEMENT)**

Signature Applicant: _____ Date: _____

_____, _____

Print Name Print Title

F. Outstanding Educational Loans: List all outstanding student educational loans. Rhode Island Student Loan Authority must be able to verify these with lending/servicing institutions AS EDUCATIONAL LOANS. These must be ONLY YOUR STUDENT LOANS, and MAY NOT include any loans with another person, NOR MAY THEY INCLUDE mortgage, car, personal, business or any other type of loan except your own student educational loans.

APPLICANT MUST COMPLETE NEXT TWO FORMS Or supply NSLDS printout for Federal Loans and form for private/alternative loans

Nurse Educators Loan Forgiveness Program
RECIPIENT INFORMATION AND FINANCIAL DIRECTIVE

Name: _____ Social Security Number: _____

This program complies with Section 108(f) of the Internal Revenue Code. This award is taxable income for recipient, reported on tax form 1099. Recipient is responsible for all tax payment and/or reporting of tax information to the IRS. Attach additional pages, if necessary.

Student Loan Lender/Servicer: Name/Address/Phone	Date of Origin of Educational Loan	Loan ID/ Number	Original Amount of Education Loan (principal on origination date)	Current Loan Amount (principal+interest on this month's statement)

Please complete and sign the enclosed ***Release of Information*** (Form #2). One form with your original signature must be returned for each Servicer/Lender listed above.

Certification:

I certify that the information given in this form and attachments is accurate and complete to the best of my knowledge. I understand that the information I have provided is subject to verification and that willfully providing false information may result in disqualification from participation in this program. I agree to provide grantor access to institution management data as required to verify compliance with grant requirements. I give permission for Rhode Island Student Loan Authority to verify information contained in this application and acknowledge that this process may include discussing my application with lender(s) and/or employer(s) listed in this application.
I certify that I understand eligibility requirements, the tax liability, and service commitment associated with the Rhode Island Education Loan Repayment award.

Signature: _____ Date: _____

Applicant's Full Name

Form 1 of 2

RELEASE OF INFORMATION

(One form per servicer/lender)

Nurse Educators Loan Forgiveness Program

Part A: (To be completed by recipient/student loan borrower)

Borrower Name: _____ Social Security Number: _____ ____ _____

Acct # _____ Date of Birth: _____ (month) _____ (day) _____ (year)

Name of Servicer/Lender: _____

Address: _____

Telephone number: _____ Web address: _____

RE: (Loan ID Number/estimated balance):
1. _____
2. _____
3. _____
4. _____
5. _____

I, the above mentioned applicant/borrower, have been selected by the Rhode Island Educational Loan Repayment Program for Dental Providers to receive assistance with repayment of my educational loans. To facilitate this, please provide the information in regard to my account on the form below.

Thank you for your prompt attention to this request,

Signature: _____ Date: _____
Applicant's Full Name

Part B: (To be completed by lender)

Loan balance # 1: _____ Principal Balance: _____ Interest rate: _____ Fixed/Variable?

Loan balance # 2: _____ Principal Balance: _____ Interest rate: _____ Fixed/Variable?

Loan balance # 3: _____ Principal Balance: _____ Interest rate: _____ Fixed/Variable?

Loan balance # 4: _____ Principal Balance: _____ Interest rate: _____ Fixed/Variable?

Loan balance # 5: _____ Principal Balance: _____ Interest rate: _____ Fixed/Variable?

Signature: _____ Date: _____
(Authorized Representative of Lending Institution)

Institution's Federal EIN: _____

Return to:
Rhode Island Student Loan Authority, 560 Jefferson Blvd., Suite 200, Warwick, RI 02886-1371
attn: Nurse Educators – Loan Forgiveness Program - Fax: 401-468-2137

Form 2 of 2