NURSING STUDENT ASSISTANCE PROGRAM
Administered by the Physician Manpower Training Commission

What is the Nursing Student Assistance Program?

It is a state supported financial assistance program for nursing students from Oklahoma, who are pursuing LPN, ADN, BSN, or MSN degrees (does not include the Nurse Adm/Management Masters Program). Recipients must plan to practice nursing in Oklahoma.

What are the eligibility criteria?

1. Applicant must be a citizen of the United States.
2. Applicant must be a legal resident of Oklahoma.
3. Applicant must have been unconditionally admitted as a student in an accredited program of nursing study. Certification of acceptance or of being a student in good academic standing must be submitted from Director of Nursing Program ONLY.

What is the difference between a Matching and Non-Matching scholarship loan?

1. Scholarship Loan Funding:
The Matching scholarship loan is funded on an equal basis between the State of Oklahoma and a sponsoring health institution which the applicant secured. Sponsors may be hospitals, nursing homes, and other health entities. The Non-Matching scholarship loan is funded solely by the State of Oklahoma.

2. Scholarship Loan Amounts:
- The LPN amount is for the entire coursework, available for only one year.
- The ADN, BSN, and MSN amounts are per academic year, available only the last two years.
- Amounts are based on full-time status and will be adjusted for part-time students.
- Scholarship loans do not cover coursework already completed or in progress.
- Financial assistance is not available to students enrolled only in general education courses.

<table>
<thead>
<tr>
<th>Plan of Study</th>
<th>NON-MATCHING</th>
<th>MATCHING *</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN</td>
<td>$1,750.00 per PN Program</td>
<td>$1,000.00 - $3,500.00 per PN Program</td>
</tr>
<tr>
<td>ADN</td>
<td>$2,000.00 per Academic Year</td>
<td>$1,000.00 - $4,000.00 per Academic Year</td>
</tr>
<tr>
<td>BSN</td>
<td>$2,500.00 per Academic Year</td>
<td>$1,000.00 - $5,000.00 per Academic Year</td>
</tr>
<tr>
<td>MSN</td>
<td>$2,500.00 per Academic Year</td>
<td>$1,000.00 - $5,000.00 per Academic Year</td>
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</tbody>
</table>

*The matching scholarship loan amount is most often set by the sponsoring institution. It must be between the minimum and maximum limits, based on actual costs of attending. Be aware of the amount from the sponsor.

3. Work obligation upon completion of school and licensing:
Upon completion of school and licensing, the nurse is obligated to practice nursing, at the degree level for which financial assistance was received, one year for each academic year of financial assistance. The minimum obligation is one year.
- The Matching recipient is obligated to practice nursing at the sponsoring institution.
- The Non-Matching recipient can fulfill in the qualified health institution of choice. Facilities that do not qualify are physician’s offices, private duty practice, research, federal facilities, majority physician owned facilities; industrial, school, or summer camp nursing.

Nurses that do not fulfill the required work obligation must repay the scholarship loan plus interest and/or liquidated damages.

When would I have to repay the loan?

Immediately upon dropping out of nursing school, not completing nursing education, failure to pass nursing boards (after first two successive attempts), or not completing required work obligation.

What is the deadline to apply and when will I know if I received it?

Apply early, the deadline is June 30, 2015. Applications and attachments are not accepted by fax or email. All applicants will be notified by mail of either being selected or declined. If selected, an interview is required; set aside the interview session date for your region. Note on application if you need to select an alternate listed date. Not all applicants will be notified by mail of either being selected or declined. If selected, an interview is required; set aside the interview session date for your region. Note on application if you need to select an alternate listed date. Not all applicants will be notified by mail of either being selected or declined. If selected, an interview is required; set aside the interview session date for your region. Note on application if you need to select an alternate listed date. Not all applicants will be notified by mail of either being selected or declined. If selected, an interview is required; set aside the interview session date for your region. Note on application if you need to select an alternate listed date.

<table>
<thead>
<tr>
<th>Region</th>
<th>Date</th>
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<tbody>
<tr>
<td>West</td>
<td>July 22, Burns Flat</td>
</tr>
<tr>
<td>South</td>
<td>July 23, Duncan</td>
</tr>
<tr>
<td>Southeast</td>
<td>July 28, McAlester</td>
</tr>
<tr>
<td>Northeast</td>
<td>July 29, Tulsa</td>
</tr>
<tr>
<td>Central</td>
<td>July 31, Oklahoma City</td>
</tr>
</tbody>
</table>

What do I need to include with my application?

Mail application and all required attachments early in order to insure receipt by deadline of June 30, 2015.

1. Complete this application in its entirety, incomplete applications are not processed. Mail completed pages 2-4.
2. Letter signed by Nursing School Director, on school letterhead certifying either:
   ___ Unconditional acceptance into the nursing program if entering in the fall or spring; OR
   ___ Letter of good standing if already completed courses in the nursing program, with anticipated graduation date.
3. Grades: Letter must contain GPA (and ACT score if available). If not included in the letter, provide a current transcript. If there are no college hours or high school diploma, provide a copy of GED score (not certificate).
4. Signed 2014 Federal Income Tax Form 1040, 1040A, or 1040EZ. Dependent students must submit parent’s income tax form in addition to their own. If student is not required to file a Federal Income Tax Return, submit proper certification (form can be obtained from our website).
5. Signature required on last page. Matching applications must have sponsor section completed.

For application to be processed, applicant must provide all of the requested information. Applicant is not contacted regarding deficiencies.
APPLICANT INFORMATION

Application will not be considered if all blanks are not completed.

Check the type for which you are applying:  ☐ Non-Matching  ☐ Matching  (Sponsor must complete the Sponsor section on the back page of Matching applications. Only one application and sponsor per applicant.)

Name ____________________________________________ ____________________________________________ ____________________________________________ ____________________________________________  (Last First Middle (Maiden if applicable)

Date of Birth (Required) ____________________________ ____________________________ Social Security Number ____________________________

Permanent Address (where mail will always reach you) ____________________________________________ ____________________________________________ ____________________________________________ ____________________________________________

City, State ____________________________ Zip+4 (Use 9-digit zip code) ____________________________ County ____________________________

Address in July 2015 ____________________________________________ ____________________________________________

Cell Phone (_____) ____________________________ Second Phone (_____ ) ____________________________ E-Mail: ____________________________

List dates lived in Oklahoma ____________________________________________ ____________________________

Are you a U.S. Citizen*?  Yes _______ No _______

*Must be a U.S. Citizen in order to apply.

Marital Status:  Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Name of Spouse ____________________________ ____________________________ Spouse Social Security Number ____________________________

Spouse Occupation ____________________________ ____________________________ Spouse Employer ____________________________ ____________________________

Must be entered even if separated.

Number of Dependents other than yourself and spouse ____________________________ Ages: _______ _______ _______ _______ _______ _______ _______

Do dependents live in your household?  Yes _______ No _______ If no, explain ____________________________ ____________________________

Are you currently licensed to practice as a LPN or RN in Oklahoma? Yes _____ No _____ Current License Number ____________________________

Are you or have you ever worked in a health-related occupation? Yes _____ No _____ If so, how long? ____________________________ ____________________________

Where and in what capacity? ____________________________ ____________________________ ____________________________ ____________________________

Present Employer and Address ____________________________ ____________________________ ____________________________ ____________________________

STUDY PLANS  

Check semester(s) you will be enrolled in nursing program:  ☐ Fall 2015  ☐ Spring 2016

University, college, or technical school where you have been admitted into the nursing program: ____________________________________________ ____________________________________________ ____________________________________________ Date you expect to receive your degree: ____________________________________________

Institution Name ____________________________ City & State ____________________________ Month / Year

Program of Study:  LPN___ ADN___ BSN___ MSN___ MSN-NP___ MSN-Educ___ List intended dates of study in nursing program. From _______ To _______

If LPN program, please indicate:  Two-Year _____ One-Year _____ Self-Pace _____

*Masters of Nursing Adm/Leadership does NOT qualify.

If career ladder BSN program, indicate when nursing course work will be complete _______ and when graduating and receiving BSN _______.

When do classes begin for the next academic year? _______ Estimate intended number of credit hours for Fall, 2015 _______ Spring, 2016 _______.

Do you plan to work while attending school?  Yes _____ No _____ If yes, how many hours per week? ____________________________

What are your professional goals? ____________________________ ____________________________ ____________________________ ____________________________

Many people apply for this scholarship loan. Please give reasons you feel you should be selected. ____________________________ ____________________________ ____________________________ ____________________________

In what community do you plan to practice nursing? ____________________________ ____________________________ ____________________________

If applying for a matching scholarship, are you related to the owner or an employee of the sponsoring institution?  Yes _____ No _____

If yes, please give name and relationship. ____________________________ ____________________________

Have you read a copy of the contract you will be asked to sign if you are awarded a scholarship loan? Yes _____ No _____ (Sample available on our website.)
## Available Income

<table>
<thead>
<tr>
<th>Available Income</th>
<th>2014 Actual</th>
<th>2015 Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Personal Income</td>
<td></td>
<td></td>
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<tr>
<td>Spouse Income</td>
<td></td>
<td></td>
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<tr>
<td>Parental Support</td>
<td></td>
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<tr>
<td>Alimony</td>
<td></td>
<td></td>
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<tr>
<td>Child Support</td>
<td></td>
<td></td>
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<tr>
<td>School Financial Aid</td>
<td></td>
<td></td>
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<tr>
<td>Welfare Benefits: (AFDC, Food Stamps, TANF, Subsidized housing, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Social Security Benefits</td>
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<td></td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
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</tr>
</tbody>
</table>

- **Enter Annual Totals**
  - Total Received: 2014:
  - Estimated Total: 2015:

**Are you currently, or will you be receiving assistance from any of the following? ENTER FINANCIAL AMOUNTS ABOVE.**

- Stafford
- Pell Grant
- Vocational Rehabilitation
- OTAG
- Perkins
- Low Income Housing
- SEOG
- Food Stamps
- BIA Grant or Indian Health
- WIA
- Welfare or AFDC
- Other (name source)

**Estimated cost of attendance for 2015-2016:**
- Tuition and Fees
- Uniforms and Supplies
- Books
- Transportation
- Total commuting miles per week

**Where will you live during the 2015-2016 school year?**
- With Parents
- On Campus
- Off Campus

**Are you currently in default or delinquent in payment on a student loan?**
- Yes
- No

**Have you ever been convicted of a felony?**
- Yes
- No

### APPLICANT’S STATEMENT

1. I am applying for financial assistance as an incentive to complete my education in nursing and to provide professional services in a health/sickness care institution, state agency or educational institution in Oklahoma.  
2. **Matching Scholarship Program.** I understand that the receipt of loan funds requires a full-time practice obligation of one year with the sponsor as specified in this application for each year of financial support received (with a minimum of one year) or repayment of scholarship funds plus interest and/or liquidated damages.  
3. **Non-Matching Scholarship Program.** I understand that the receipt of loan funds requires a full-time practice obligation of one year in the State of Oklahoma for each year of financial support received (with a minimum of one year) or repayment of scholarship funds plus interest and/or liquidated damages.  
4. To qualify as a legal resident for the purpose of this program, a person must have maintained his/her domicile in Oklahoma for at least one year immediately prior to a request for funds and qualify for resident tuition. If the applicant is under eighteen, or dependent, the status of the domicile is determined by that of his/her parents or legal guardian.

**CHECK ALL THAT APPLY.**
- I am twenty-three years of age or older.
- I am a legal resident of Oklahoma.
- I am eighteen years of age or older.
- I would qualify for residency based on the residency status of my parents or legal guardian.

**The Physician Manpower Training Commission (PMTC) is given permission to contact any parties or to obtain the sources of information, which it deems necessary to verify my eligibility for a loan. I consent for my nursing school to release my grades or my status in school upon request of the PMTC. I consent for verification of my work obligation upon request of the PMTC.**

The information given in this application and supporting forms is accurate and true to the best of my knowledge. I understand that if I knowingly make a false statement or misrepresentation on this application or any of the required supporting documents, it will be grounds for termination of the loan, immediate repayment of any funds already paid to me, and possible criminal action.

**Date**

**Applicant Signature**

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**Application must be completed on back page.**

Apply early, the last day to apply for 2015-2016 is June 30, 2015.
REFERENCES

Relative:                                      Non-Relative:

________________________________________   ________________________________
Name                                             Name of non-relative
________________________________________   ________________________________
Relationship                                     Relationship
________________________________________   ________________________________
Address                                           Address
________________________________________   ________________________________
City, State, Zip                                  City, State, Zip
________________________________________   ________________________________
Phone Number                                      Phone Number

SPONSOR SECTION
Nursing Student Assistance Program 2015-2016

In order for the application to be processed as matching, the sponsoring institution must complete this section. The applicant’s required supporting documents must be attached for the application to be complete.

Sponsoring Facility: __________________________
Address, City, St Zip: ________________________
Telephone (_____) _________________________  Fax (_____) _________________________  E-Mail: ______________________________

We wish to sponsor ___________________________________________________________ for a matching nursing scholarship loan.

________________________________________
Applicant Name

After reviewing the student’s financial needs for school, we recommend the following amount of financial assistance for 2015-2016:

(Please request an amount which reflects the student’s financial needs for school and is between the minimum and maximum limitations.)

Sponsor's Share: $______________ per year or per PN program
State's Share: $______________ per year or per PN program
Total: $______________ per year or per PN program

Funding Limits

<table>
<thead>
<tr>
<th></th>
<th>LPN</th>
<th>ADN</th>
<th>BSN / MSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Total:</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Sponsor/State:</td>
<td>$500 / $500</td>
<td>$500 / $500</td>
<td>$500 / $500</td>
</tr>
<tr>
<td>Maximum Total:</td>
<td>$3,500</td>
<td>$4,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Sponsor/State:</td>
<td>$1,750 / $1,750</td>
<td>$2,000 / $2,000</td>
<td>$2,500 / $2,500</td>
</tr>
</tbody>
</table>

Have you read a copy of the contract that you and the applicant will be asked to sign?  Yes     . No     .
Is applicant related to anyone serving in a leadership capacity with your institution?       Yes     . No     .
If yes, please explain: ________________________________________________________________

Representative of Sponsoring Facility:
Name and Title (Please Print) ________________________________________________________
Signature ______________________________

Mail: □ Application, □ School letter, □ Grades (GPA, ACT, GED), and □ 2014 Federal Income Tax Form:

Physician Manpower Training Commission
5500 North Western Avenue, Suite 201
Oklahoma City, Oklahoma 73118

Email: michelle.cecil@pmtc.ok.gov
Website: www.pmtc.ok.gov
Phone: (405) 843-5667

* Faxed or emailed applications are not accepted.
Only complete applications received by the deadline of June 30, 2015 will be considered.
Not all applicants will receive funding.

The Physician Manpower Training Commission, in compliance with Title VI of the Civil Rights Act of 1974 and Title IX of the Education Amendments of 1972 (Higher Education Act), does not discriminate on the basis of race, color, national origin or sex in any of its policies, practices, or procedures. This provision includes, but is not limited to, employment and financial services.