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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
OFFICE OF RURAL HEALTH AND PRIMARY CARE, P.O. BOX 570, JEFFERSON CITY, MO 65102

# NURSE STUDENT LOAN APPLICATION



MUST BE TYPED OR PRINTED

## SECTION 1: APPLICANT'S PERSONAL INFORMATION

| LAST, FIRST, MIDDLE NAME | | | SOCIAL SECURITY NUMBER |
|---|---|---|---|
| MAIDEN NAME OR OTHER NAMES USED | | EMAIL ADDRESS | |
| DATE OF BIRTH | HOME PHONE NUMBER | CELLULAR PHONE NUMBER | WORK PHONE NUMBER |
| LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH | U.S. CITIZEN ☐ Yes ☐ No | MISSOURI RESIDENT ☐ Yes ☐ No | IF YES, FOR HOW LONG Years: _____ Months: _____ |

| PERMANENT ADDRESS STREET | CITY | STATE | ZIP CODE | COUNTY |
|---|---|---|---|---|
| ADDRESS WHILE IN SCHOOL (IF DIFFERENT FROM PERMANENT) STREET | CITY | STATE | ZIP CODE | COUNTY |

| WHAT IS YOUR ADJUSTED GROSS INCOME (AGI) ON YOUR MOST RECENT TAX RETURN | NUMBER OF DEPENDENTS |
|---|---|

## DEMOGRAPHIC INFORMATION CHECK ALL THAT APPLY (Award Selections will not be determined by this section)

GENDER:
☐ Male ☐ Female

ETHNICITY:
☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE:
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White/Caucasian
☐ Other: _____

## SECTION 2: PROGRAM TYPE/DEGREE FOR WHICH YOU ARE CURRENTLY ENROLLED

☐ Licensed Practical Nurse (LPN)
☐ Diploma Nurse (DN)
☐ Associate Degree in Nursing (ADN)
☐ Advanced Practice Nurse (APN)
☐ Bachelor of Science in Nursing (BSN)
☐ Master of Science in Nursing (MSN)
☐ Doctorate Degree in Nursing (PHD, DNP, DNS, EDD)

| MISSOURI RESIDENT FOR 1 YEAR OR LESS | IF YES, WAS THIS ONLY TO ATTEND YOUR CURRENT SCHOOL |
|---|---|
| ☐ Yes ☐ No | ☐ Yes ☐ No |

## SECTION 3: SPONSORSHIPS

ARE YOU A PARTICIPANT OR HAVE YOU PARTICIPATED IN THE FOLLOWING LOAN PROGRAMS OFFERED BY THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS) OR ANY PRIMO SUPPORTED PROGRAMS?

| Y | N | |
|---|---|---|
| ☐ | ☐ | Missouri Professional and Practical Nursing Student Loan Program |
| ☐ | ☐ | Primary Care Resource Initiative for Missouri (PRIMO) |
| ☐ | ☐ | PRIMO Supported Health Professional Student Recruitment Program (E.G. AHEC) |

Program name and years of participation:_____

## SECTION 4: DOCUMENTATION REQUIREMENTS

**You must include the following documentation for your application to be complete:**

☐ Proof of Missouri residency (e.g., a copy of your current Missouri driver's license, Missouri state-issued identification card, or a Missouri voter identification card).
☐ A copy of your financial aid award notice from your school.
☐ A copy of your current FAFSA Student Aid Report or an Institutional Student Information Record (ISIR).
☐ A copy of your most recent tax return reporting your adjusted gross income (AGI).
☐ Attach a Narrative/Essay:

- No more than 2 pages; in no particular format.
- Explain why you are a good candidate for this loan.
- List your top 3 choices of where you intend to provide health care services, including the county and facility type (hospital, clinic, etc.). Explain why these are your top choices.
- Explain your financial situation related to your need for a Nurse Student Loan.

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## SECTION 5: CONFLICTING SERVICE OBLIGATION

Applicants will not be selected if they have another existing/remaining service obligation as a health professional, or any other service obligation, to the Federal government (e.g., an active duty military obligation, NHSC Scholarship Program obligation, a NURSE Corps Scholarship or Loan Repayment Program obligation).

| DO YOU HAVE AN EXISTING SERVICE OBLIGATION | IF YES, DATE TO BE COMPLETED |
|---|---|
| ☐ Yes ☐ No | |

IF YOU ARE UNDER ANY OBLIGATION, PLEASE DESCRIBE THE OBLIGATION (INCLUDING THE NAME AND TYPE OF PROGRAM)

## SECTION 6: ATTESTATION STATEMENT

I attest that, upon graduation, I will provide nursing services within my scope of practice in a Missouri Hospital or DHSS - defined Health Professional Shortage Area (HPSA) as part of my loan forgiveness obligation in order to earn forgiveness on the funds awarded to me.

☐ Yes ☐ No

## APPLICANT SIGNATURE

I certify the information contained in this application is true, complete, and correct to the best of my knowledge. I understand the Department will not process incomplete applications. I agree to notify the Department if any information in this application changes.

| APPLICANT SIGNATURE | DATE |
|---|---|
| | |

## SECTION 7: ENROLLMENT AND TUITION INFORMATION - THIS SECTION MUST BE COMPLETED BY A FINANCIAL AIDE OFFICER OF THE EDUCATIONAL INSTITUTION.

NAME OF EDUCATIONAL INSTITUTION

| STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

| FINANCIAL AIDE OFFICER NAME AND TITLE (PRINTED) | FINANCIAL AIDE OFFICER E-MAIL ADDRESS |
|---|---|
| | |
| FINANCIAL AIDE OFFICER TELEPHONE NUMBER | FINANCIAL AIDE OFFICER FAX NUMBER |
| | |
| STUDENT'S CURRENT PROGRAM YEAR (I.E., FRESHMAN, SOPHOMORE, ETC.) | TOTAL PROGRAM COST FOR THIS ACADEMIC YEAR |
| | |

| START DATE OF ACADEMIC YEAR | END DATE OF ACADEMIC YEAR | ANTICIPATED GRADUATION DATE (REQUIRED) |
|---|---|---|
| | | |

| STUDENT ENROLLED | IS THE STUDENT IN GOOD ACADEMIC STANDING |
|---|---|
| ☐ Full-time ☐ Part-time | ☐ Yes ☐ No ☐ N/A (First Year Student) |

## FINANCIAL AIDE OFFICER SIGNATURE

I certify that the information in the Enrollment and Tuition Information section is complete and true to the best of my knowledge.

| FINANCIAL AIDE OFFICER SIGNATURE | DATE |
|---|---|
| | |

## MAILING ADDRESS

Missouri Department of Health and Senior Services
Office of Rural Health and Primary Care
Nurse Student Loan Program
P.O. Box 570
Jefferson City, MO 65102-0570