



## NURSING SCHOLARSHIP FUND PROGRAM 2010-11 ACADEMIC YEAR APPLICATION

State Form 44533 (R8/11-09)

State of Indiana  
State Student Assistance Commission of Indiana

### Instructions

Please complete this application and *send it directly to the college or university that you are or plan to attend*. For a listing of eligible colleges and university, their Federal School Code Number Title IV and addresses visit our website: <http://www.in.gov/ssaci/2368.htm>. Each college or university will select its own scholarship recipients. Renewal scholarship must **reapply** each year during their eligibility period. Please note: Applying for the scholarship does not guarantee that you will be chosen to receive an award.

### Program

The Nursing Scholarship Fund was created by the 1990 General Assembly to encourage and promote qualified individuals to pursue a nursing career in Indiana. The scholarship can only be applied towards tuition and fees. Colleges will determine the actual award amount when developing a scholar's financial aid package. The maximum annual scholarship is \$5,000. However, the amount of the scholarship may be affected by the level of other tuition specific grants and scholarships aid received by an applicant. Scholarship recipients may receive up to four (4) annual scholarships (if funds are available) but, may take six (6) years to complete a nursing program from the date of receiving their first scholarship. Because, the scholarship is not guaranteed renewable, scholarship recipients must reapply each year to the school they will attend. Scholarships are non-transferable between colleges and/or universities. The Nursing Scholarship Fund program is administered by the State Student Assistance Commission of Indiana (SSACI) which includes responsibilities for record keeping and for allotting funds to approved colleges and universities.

### Criteria

Applicant must comply with the following:

- A student that is an Indiana resident and a citizen of the United States.
- Be admitted to an eligible Indiana college or university as a full-time (12 hours or more) or part-time (6 - 11 hours) student seeking a nursing certification or bachelor degree in nursing.
- Have a minimum Grade Point Average (G.P.A.) of at least a 2.0 on a 4.0 scale or the equivalent, or meet the minimum G.P.A. requirements established for the college's School of Nursing program if it is higher.
- Demonstrate a financial need for the scholarship to be determined by the college or university.
- Complete and submit the Free Application For Federal Student Aid (FAFSA) form.
- Not be in default on a state or federally sponsored student loan.
- Meet all other minimum criteria established by the school being attended.

### Obligation

Individuals who are selected and accept the Nursing Scholarships are obligated to practice as a registered nurse or licensed practical nurse in an Indiana healthcare setting for at least the first two (2) years following graduation; and provide direct patient care in the one of the following healthcare settings: 1) an acute care or specialty hospital; 2) a long term care facility; 3) a rehabilitation care facility; 4) a home healthcare entity; 5) a hospice program; 6) a mental health facility; or a facility located in a shortage area (as defined in IC 16-46-5-6). Applicants must provide the State Student Assistance Commission of Indiana (SSACI) with their current home and employment addresses during the obligation period. If a scholar fails to fulfill their obligation to practice as a nurse, or complete the nursing program within the six (6) year period, or drops out of the nursing program, he or she will be required to refund all scholarship dollars received from the program plus collection cost.

### Appeal Process

Scholars have the right to appeal the fulfillment of the nursing obligation. To appeal, the scholar must submit their request in writing, accompanied with supporting documentation, to the State Student Assistance Commission of Indiana.

### Contact Information

State Student Assistance Commission of Indiana  
150 W. Market Street, Suite 500  
Indianapolis, IN 46204-2879  
Office: 317-232-2350 Toll Free: 888-528-4719 Fax: 317-232-3260



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State of Indiana  
State Student Assistance Commission of Indiana

**Instructions:** Complete the application, then print, sign and date it. Submit the application to the Financial Aid Department of the college or university that you are or will be attending.

**Applicant's Information:**

**Relative's Information:**

<u>Last Name</u>			<u>First Name</u>			<u>MI</u>			<u>Last Name</u>			<u>First Name</u>			<u>MI</u>								
<u>Permanent Address</u>									<u>Address</u>														
<u>City</u>						<u>State</u>			<u>Zip Code</u>			<u>City</u>						<u>State</u>			<u>Zip Code</u>		
<u>Area Code:</u>			<u>Home Telephone Number:</u>						<u>Area Code:</u>			<u>Telephone Number:</u>											
<u>Email Address:</u>																							
<u>Social Security Number:</u> <i>The social security number is used only as an identifier and will remain confidential.</i>																							

*Please read carefully and sign the agreement.*

<p><b><i>Applicant Agreement:</i></b> The acceptance of this scholarship indicates that I agree and understand that I must work as a registered nurse or licensed practical nurse in an Indiana healthcare setting for at least the first two (2) years following graduation; and provide direct patient care in one of the following healthcare settings: 1) an acute care or specialty hospital; 2) a long term care facility; 3) a rehabilitation care facility; 4) a home healthcare entity; 5) a hospice program; 6) a mental health facility; or a facility located in a shortage area (as defined in IC 16-46-5-6). I agree to repay all funds plus collection cost received under the Nursing Scholarship Fund Program, if I <b>fail</b> to fulfill my obligation to practice as a nurse in Indiana within the stated time period. I hereby authorize my college or university to release any needed information the State Student Assistance Commission of Indiana.</p>														
<u>Applicant's Signature:</u>										<u>Date Signed:</u>				

*Applicants please do not write below this section. The following information is to be completed by a college or university official only:*

<u>Name of College/University:</u>			<u>Federal School Code # (Title IV):</u>			<u>Amount Awarded:</u> <u>Fall</u> <u>Spring</u> <u>Total</u> /      /					
Please place a check mark in one of the boxes to indicate that the student is a renewal or first-time applicant.						<u>Renewal Applicant:</u>			<u>First-time Applicant:</u>		
<u>Print Name of School Official:</u>				<u>Signature of School Official:</u>				<u>Date:</u>			

*School Official – Please make two (2) copies, one each for applicant and file. Send the original application to SSACI.*