Print Form

NURSING SCHOLARSHIP FUND PROGRAM
2008-09 ACADEMIC YEAR APPLICATION

State Form 44533 (R6/02-08)

State Of Indiana
State Student Commission of Indiana

If, the application is completed in Adobe Acrobat please ***print,*** then ***sign and date*** the application. ***Send the completed application to the Financial Aid Department of the college or university that you will attend.***

Please type or print.

Applicant's Name: *Last* *First* *MI*	**Relative's Name:** *Last* *First* *MI*
Permanent Address:	**Address:**
City: **State:** **Zip:**	**City:** **State:** **Zip:**
Area Code: **Home Telephone Numbers:**	**Area Code:** **Telephone Numbers:**
Social Security Number: ***Note: APPLICANT'S SOCIAL SECURITY NUMBER IS USED AS AN IDENTIFIER AND WILL REMAIN CONFIDENTIAL.***	

Please read carefully and sign the agreement.

Applicant Agreement:
I agree that the acceptance of this scholarship indicates that I will enroll in a student nursing program on a **part-time** (6-11 hours) or **full-time** (12 or more hours) basis. I understand that I agree to meet all eligibility criteria established by the Commission and to work as a **full-time nurse** in a health care setting in **Indiana** for the first two (2) years following my graduation. I agree to repay any funds plus collection cost received under the Nursing Scholarship Fund Program if I **fail** 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 to the State Student Assistance Commission of Indiana.

Applicant's Signature:	**Date Signed:**

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

Name Of College/University:	**Federal School Code Number (Title IV):**	**Amount Awarded:** **Fall:** / **Spring:** / **Total:**
Please place check mark in one of the boxes to the right to indicate: Is the student a renewal or first time applicant?	**Renewal Applicant:** ☐	**First Time Applicant:** ☐
Print Name Of School Official:	**Signature Of School Official:**	**Date:**

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

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Instructions

Please complete this application and ***send it directly to the college or university that you will attend.*** For a listing of eligible colleges and universities, their Federal School Code Number Title IV and to obtain their addresses visit our website: http://www.in.gov/ssaci/colleges/Nursing.html Each college or university will select its own scholarship recipients. Renewal scholars 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 responsibilites 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 **full-time** nurses in an Indiana health care setting for two years following graduation. 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, 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

www.ssaci.IN.gov/programs/nur.html