

# Rhode Island Student Loan Authority's Nurse Educators Loan Forgiveness Program 2017 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, 935 Jefferson Blvd., Suite 3000, Warwick,  
RI 02886-2225 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: \_\_\_\_\_

Signature Recruiter: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**D. 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

**E. 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 RISLA Nurse Educators Loan Forgiveness Program award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant's Full Name*

**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 Nurse Educators Loan Forgiveness Program 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, 935 Jefferson Blvd., Suite 3000, Warwick, RI  
02886-2225 attn: Nurse Educators – Loan Forgiveness Program - Fax: 401-468-2137