APPLICANT INFORMATION

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

Have you received assistance through the Oklahoma Nursing Student Assistance Program in the past? Yes ☐ No ☐

If yes, what years was it received?

OFFICE USE ONLY: Fulfilled ☐

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:__________________

Cell Phone: (_____) __________ Second Phone: (_____) __________ Personal Email: __________________

Do not list school email

List dates lived in Oklahoma __________________________

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

Are you a U.S. Citizen*? Yes ________ No ________ (***Must be a U.S. Citizen in order to apply.**)

Name of Spouse: __________________________ Spouse Social Security Number: __________________

Must be entered even if separated

Spouse Occupation: __________________________ Spouse Employer __________________________

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 23_______ Spring 24______

University, college, or technical school where you have been admitted into the nursing program:***program must be based in OKLAHOMA to qualify, even if online***

____ __________________________

Institution Name (**must be attending an OKLAHOMA nursing program**) City & State

Program of Study: LPN ADN BSN MSN MSN-NP MSN-Educ DNP PhD

***Masters of Nursing Adm/Leadership <u>does NOT</u> qualify.**

Please indicate type of program: On Campus Online Current overall GPA:______ **(*must be 3.0 or higher to qualify*)**

Month/Year you expect to receive your degree: __________ List intended dates of study in nursing program From:__________ To:__________

Estimate intended number of credit hours for Fall, _____Spring, _____

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? ***OKC and Tulsa metro areas do not qualify***__________________

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.)

For more information regarding the scholarship, go to: www.**hwtc.ok.gov**, including a list of non-qualifying communities for obligated practice

FINANCIAL INFORMATION

Available Income	Actual for Last Year	Estimated for This Year
	Calculate and enter annual amounts	Calculate and enter annual amounts
Applicant's Personal Income		
Spouse Income		
Parental Support		
Alimony		
Child Support		
School Financial Aid		
Welfare Benefits: (AFDC, Food Stamps, TANF, Subsidized housing, etc.)		
Social Security Benefits		
Other Income		
➡ **Enter Annual Totals** ➡	Total Received	Estimated Total

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) _______

Will any family member living in your household, other than yourself, be enrolled in college? Yes _______ No _______ How many? ______________________

Have you received or applied for other assistance with a work obligation? Yes _______ No _______ Please explain: ____________________________________

Estimated cost of attendance: Tuition and Fees $ ______________________________________ Uniforms and Supplies $ ___________________________

Books $______________________ Transportation $______________________ Total commuting miles per week: ______________________________

Where will you live during the 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

Read & Initial

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. 1. _______

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. 2. _______

   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. _______

3. 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. 3. _______

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.

4. The Health Care Workforce Training Commission (HWTC) 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 HWTC. I consent for verification of my work obligation upon request of the HWTC. 4. _______

   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**

Application must be completed on back page. **Deadline: July 15, 2023 APPLY EARLY!!**

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

In order for the application to be processed as matching, the sponsoring institution must complete this section

- Sponsor funds must be sent to HWTC in order for the funds to be matched
- HWTC cannot match any funds that have been paid directly to the student
- **We will invoice the facility for those funds at the end of each semester**
- *The recipient will receive semester payments at the end of each semester after we have verified status and progression in the program and after we have received the sponsor funds for that semester*

Please be sure to include the name of the person that will be the contact person for this scholarship program if it is someone other than the signing representative

Sponsoring facility:____

Contact Representative: ____

Contact Email: ____

Address, City, Zip Code: ____

Telephone (_________) ______________________ Fax (_________) ______________________

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

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

LPN	ADN	BSN	MSN & higher
Per PN Program	**Per Academic Year**		
$3,000.00	$5,000.00	$7,000.00	$10,000.00
Sponsor/State $1500/$1500	Sponsor/State $2500/$2500	Sponsor/State $3500/$3500	Sponsor/State $5000/$5000

Have you read a copy of the contract that you and the applicant will be asked to sign? Yes ____ No ____

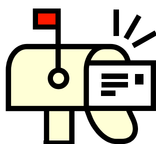
Representative of Sponsoring Facility: ____

Name and Title (Please Print)

____

Signature

Mail: ❑ Application, ❑ School Letter of Acceptance, ❑ Official Transcript, ACT, GED



Health Care Workforce Training Commission
119 N. Robinson Avenue, Suite 520 Oklahoma City, Oklahoma 73102

Email: michelle.cecil@hwtc.ok.gov
romereo.chambers@hwtc.ok.gov

Website: www.hwtc.ok.gov
Phone: (405) 604-0020

Faxed or emailed applications are not accepted
Only complete applications received by the July 15th, 2023 deadline will be considered. **Not all applicants will receive funding.**

The Health Care Workforce 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.