

Application Deadline: Postmarked by September 18, 2009



UNIVERSITY OF VERMONT
COLLEGE OF MEDICINE - AHEC PROGRAM
Arnold 5 – UHC Campus
1 South Prospect Street, Burlington, VT 05401
TEL: (802) 656-2179 FAX: (802) 656-3016
www.vtahec.org

Vermont Educational Loan Repayment Program for Nurse Educators/Faculty

2010 APPLICATION FORM

The **Vermont Educational Loan Repayment Program for Nurse Educators/Faculty** is funded by the State of Vermont, through the Department of Health, and is administered by the University of Vermont College of Medicine Area Health Education Centers (AHEC) Program. The goal of this program is to ensure an adequate supply of nurse educators/faculty to educate the number of nurses needed to provide quality health care for all Vermonters.

General Eligibility Requirements (see Program Overview for details):

- Recipient must be a Vermont resident.
- Recipient must be a nurse employed as nurse educator/faculty (including adjunct faculty) in nursing at Castleton State College, Norwich University, Vermont Technical College, Southern Vermont College, or the University of Vermont.
- Recipient must work a minimum of part-time as nurse educator/faculty during the academic year.

Commitment & Obligations (see Program Overview for details):

- Recipient must meet a one-year service commitment.
- Funds are taxable to the recipient and are reported on a 1099 form.
- Grants go directly to pay educational loans.

How to Apply: This application is completed by both the nurse educator/faculty applicant and by the college or university nursing department (i.e., employer).

Mail Completed Applications To:

UVM College of Medicine AHEC Program
UHC Campus, Arnold 5
1 South Prospect Street
Burlington, VT 05401
Attn: Rebecca T. Dubois

(802) 656-2658 or rebecca.dubois@uvm.edu

Deadline & Award Notification: Application must be postmarked by **September 18, 2009**. Applicant will receive confirmation of receipt, by email, typically within two weeks. Please contact AHEC if you have not received confirmation after you have submitted an application. The schedule for reviewing and making award decisions will depend on a number of factors, including the number of applications received. It is anticipated that award decisions will be announced in early 2010.

IMPORTANT: Please fill out application completely. Only complete applications will be considered.

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Vermont Educational Loan Repayment Program is contingent upon continued funding by the VT General Assembly to the VT Department of Health

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Vermont Educational Loan Repayment Program for Nurse Educators/Faculty

2010 PROGRAM OVERVIEW

The **Vermont Educational Loan Repayment Program for Nurse Educators/Faculty** was established in 2005 by the Vermont General Assembly with the goal of ensuring an adequate supply of nurse educators/faculty to educate the number of nurses needed to provide quality health care for all Vermonters. This program is funded by the State of Vermont, through the Department of Health, and is administered by the University of Vermont College of Medicine Area Health Education Centers (AHEC) Program.

Component	Standard
Description	Funded by state funds. AHEC shall make loan repayment awards in exchange for service commitments by health care educators/faculty. Recipient must have outstanding educational debt acquired in pursuit of an undergraduate or graduate degree from an accredited college or university that exceeds the amount of the loan repayment award.
State of Residence	Must be a Vermont resident.
Award Amount	Up to \$20,000 in state funds per year. Grants go directly to pay educational loans.
Tax Liability	Vermont Educational Loan Repayment is taxable income, reported on tax form 1099.
Reapplication & Lifetime Maximum	Must reapply annually. May receive loan repayment funds for maximum of six years.
Service Obligation	One year of service as nurse educator/faculty per year of funding. Service period will be defined in award contract. No credit for teaching prior to date of contract. No credit during a leave of absence. Recipients who take a leave of absence will have to extend the end date of service.
Default of Service Obligation	Must repay proportionally to unserved period, plus collection costs.
General Eligibility Requirements	Recipient must be a nurse employed as nurse educator/faculty at a nursing program in Vermont (Castleton State College, Norwich University, Vermont Technical College, Southern Vermont College, or the University of Vermont). Must have a minimum of a bachelor's degree.
Hours	Must work a minimum of part-time as nurse educator/faculty in Vermont during the year of service.
Ineligible Nurses	Individuals whose citizenship may limit their ability to fulfill the service obligation of this program; unpaid instructors/preceptors; those who have current contractual loan forgiveness, loan repayment, scholarship, or other contractual service obligations.
Prioritization for Awards	<p>Program objectives/selection criteria are established by the Vermont Department of Health and AHEC, in accordance with Vermont laws, and in consultation with representatives from Vermont's five schools of nursing and other designated experts. Factors <i>may</i> include local goals; nursing recruitment or retention needs of a given institution; applicant educational loan debt level*; or other awarding parameters such as those areas and nursing specialties which are underserved, with special consideration for Vermont's most underserved areas and undersupplied specialties. Priority will be given to those first employed as nurse educators/faculty after July 1, 2005. Consideration will be given to the number of hours per week that applicant works as a nurse educator/faculty; preference will be given to full-time nurse educators/faculty.</p> <p>* If awarded funds, each recipient is encouraged to continue making their own monthly payment(s) in addition to this award to further reduce overall educational debt; the recipient's own debt reduction effort is viewed favorably in future applications.</p>

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Vermont Educational Loan Repayment Program for Nurse Educators/Faculty

2010 APPLICATION FORM

Pages 3-6 to be completed by the nurse applicant;
Page 7 to be completed by the employer (college or university)

A. PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Maiden Name: _____ Other Legal Name(s) Used: _____

Date of Birth (optional): _____ Gender (optional): _____ Ethnicity (optional): _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Town of Residence: _____ County: _____ State: _____

Phone: _____ Email: _____

1a. U.S. Citizen? Yes No If no, current visa type _____ 1b. Vermont Resident? Yes No

2. Licensure: VT # _____

3. Education:	Name of School/Program	State	Degree	Date of Degree/Completion	<input checked="" type="checkbox"/> Check Box if Currently Enrolled in this Program
High School					
Certificate					
Undergraduate					
Graduate					
Other					

4. Have you ever been fired from a nursing position, teaching position or been convicted of a crime (other than minor traffic violations) in any state? Yes (in Year _____) No

If yes, please explain:

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Applicant Name: _____

B. CURRENT EMPLOYMENT INFORMATION

(NOTE: Please read the program overview for eligibility requirements. You must be employed a minimum of part-time as nurse educator/faculty if awarded funds. Please list one employment site here. Copy this page and attach one additional page per employment site if you are currently employed by more than one institution.)

Name of School of Nursing: _____

School Mailing Address: _____

City: _____ State: _____ Zip: _____

Position's Job Title: _____

Employment Start Date: _____ Average Hours/Week at position: _____

Supervisor Name: _____ Phone: _____

Specialty Care: Please indicate the specialty area in which you teach (e.g., geriatrics, psych, intensive care, emergency room, operating room, etc.):

Have you ever had a contractual service obligation in return for scholarship, financial bonus, loan forgiveness, or loan repayment (e.g., university, military, VSAC/state, federal program, employer, Freeman Scholar, etc.)?

Yes **No**

If yes: Award Amount: _____ Obligation Start Date: _____ Obligation End Date: _____

Name of Organization/Program: _____

If current or existing service agreement, list the terms of this obligation: _____

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C. Personal Statement (Required):

Please attach a brief, typed statement of why you have chosen to teach nursing in Vermont. Please provide the following: how the Vermont Educational Loan Repayment program helps you to work as a nurse educator in this area, a brief outline of plans for a professional career in Vermont, and explain any special circumstances that you wish to be considered with your application. *Information provided in the Personal Statement is considered carefully by the selection committee and is an important factor in award decisions.*

D. Documentation Verifying Educational Loans (Required):

Please attach official documentation from your U.S. lender(s) listing all unpaid **student loans** (any educational loan, including undergraduate) borrowed in your name for your educational pursuit. This documentation must be from the U.S. lender(s) such as a current statement of account, printed statement from web account, or letter from the lender. The documentation must clearly indicate that these are educational loans obtained through a U.S. student loan program and may not include any consolidated loans with another person or borrowed for another person’s educational pursuit, nor may they include mortgage, car, credit card, personal, business, or any other type of loan.

Verification Documentation for unpaid educational loans must be dated and must be current—dated between July 1 to September 18, 2009. Documentation must include a minimum of the following information for each loan:

<u>STUDENT LOAN INFO</u>	ORIGINATION DATE	ORIGINAL AMOUNT OF LOAN	CURRENT LOAN AMOUNT STILL UNPAID
Borrower Name	DATE of Educational Loan	(i.e., <u>principle amount only on origination date</u>); a portion of which may have been paid back prior to this application.	(principle + interest & fees)
Loan ID #			
Account # (may be different from Loan ID #)			
Commercial Lending Institution Name/Address/Phone/Fax	⇒	⇒	

Total of **ALL** Educational Loans **ever** borrowed in your name for your education: \$ _____

Total of **UNPAID** Educational Loans verified by attached documentation: \$ _____

Current total **MONTHLY PAYMENT** amount for these loans: \$ _____



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APPLICATION CHECKLIST:

If application is incomplete, it will not be considered. The application should contain the following:

- ___ **Pages 1-2**, please keep these pages, along with a copy of your completed application, for your records
- ___ Application must be postmarked no later than **September 18, 2009**

- ___ **Pages 3-7**, personal, employment, and educational loan information
- ___ **Page 5**, a typed personal statement
- ___ **Page 5**, documentation from lender verifying outstanding educational loan information
- ___ **Page 6**, applicant signature (below)
- ___ **Page 7**, completed by employer
- ___ **Page 7**, statement/letter of support from employer

How did you hear about the Vermont Educational Loan Repayment Program for Nurse Faculty?

- Flyer** **AHEC web site** **UVM College of Medicine** **Coworker/Colleague**
- Employer** **VSNA** **Office of Nursing Workforce**
- VSAC** **VONL** **Other** _____

Are there other ways that AHEC can assist you in your profession?

Certification:

I certify that the information given in this application and applicable 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 give permission for AHEC 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 as well as with necessary personnel at the Vermont Department of Health, and Educational Loan Repayment Award Selection Committee.

I certify that I have read the program overview and agree to the eligibility requirements, tax liability, and the service commitment associated with the Vermont Educational Loan Repayment award.

Signature: _____ Date: _____

Print Name: _____

Return completed application to: UVM AHEC Program
 UHC Campus Arnold 5, 1 South Prospect Street, Burlington, VT 05401
 Attn: Rebecca T. Dubois

(802) 656-2658 or rebecca.dubois@uvm.edu

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E. EMPLOYER INFORMATION (BASED ON CURRENT ACADEMIC YEAR 2009-10)

To be completed by employer (college or university)

Name of School: _____

Contact Person: _____ Phone: _____

Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Employment: _____

Applicant Employment Type: Adjunct/Clinical Faculty Academic Faculty
 Other Work (e.g., temporary, administration, research): _____

Number of courses taught during fall semester: _____ Applicant's average hours of work per week: _____

Number of courses taught during spring semester: _____ Applicant's average hours of work per week: _____

Number of courses taught during summer: _____ Applicant's average hours of work per week: _____

To your knowledge, is the applicant currently obligated under an existing contractual service agreement in return for scholarship, loan repayment, or loan forgiveness? Yes No

PROJECT EMPLOYMENT FOR ACADEMIC YEAR 2010-11

Since plans may change from one year to the next, please *project* applicant's employment status as nurse educator/faculty at your institution for next academic year. Please note that this information cannot be construed as a guarantee or an offer of work, but is your best estimate at this time.

Number of courses projected for fall semester: _____ Applicant's average hours of work per week: _____

Number of courses projected for spring semester: _____ Applicant's average hours of work per week: _____

Number of courses projected for summer: _____ Applicant's average hours of work per week: _____

In addition to teaching, will nurse educator/faculty also work in another nursing-related capacity at your institution or in the community (e.g., clinician, administration, research, etc.)? Yes No

If yes, please explain: _____

Employer Statement/Letter of Support from Nursing Department Chair, Dean or Director (Required):

Please attach a brief, typed letter of support for the applicant. Information included in this section is very important for the selection committee that reviews applications. Also, describe any special or extenuating circumstances that should be considered in evaluating this application. This can include problems in recruiting, circumstances that make retention difficult, praise for applicant's work or other information you feel is worthy of consideration. If you have evidence of a specific shortage in this type of specialty care or in your school, be sure to provide this evidence.

Signature of Employer: _____ Date: _____

Print Name

Print Title

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