



## OREGON STUDENT ASSISTANCE COMMISSION NURSING SERVICES PROGRAM 2008 APPLICATION

The Oregon Nursing Services Program is designed to increase the numbers of registered nurses (RNs) working in critical nursing shortage areas (geographic locations and practice specialties) throughout Oregon. To view the current list of critical nursing shortage areas, visit the Oregon Board of Nursing web site at [www.osbn.state.or.us](http://www.osbn.state.or.us).

Participants receive annual payments toward the debt incurred from their registered nursing program in exchange for qualifying service. Annual employment verification is required.

Registered nurses may receive annual payments equal to 25% of their total qualifying loan principal for a minimum of two years and maximum of four years for qualifying practice. Prorated payment amounts will be made if the participant is employed in a qualifying shortage area less than full-time but at least half time.

A two-year, full-time minimum participation obligation is required to receive 50% repayment of the total principal qualifying loan debt. Maximum participation will not exceed four years of qualifying employment in order to receive 100% repayment of the total principal qualifying loan debt.

**Annual payments cannot exceed \$10,481 for the 2008 application year.** (*The annual maximum award amount total is calculated each year utilizing the cost-of-living index.*)

For more detailed information, visit our website at [www.getcollegefunds.org/ad\\_repay\\_nursing\\_1.html](http://www.getcollegefunds.org/ad_repay_nursing_1.html)

### Will all eligible applicants be awarded?

**Unfortunately not.** The number of new awards each year is limited to the amount of funds available. The selection committee establishes a list in ranked order from all of the applications received. Awards are made to as many applicants as possible until all funds available for the year have been utilized.

### Who may apply?

Students enrolled in the last year of an RN program, recent RN graduates, and RNs currently practicing may apply. Oregon Residency is not required at time of application. However, participants must begin qualifying service following the execution of the Nursing Services Agreement.

### Which loans qualify for repayment?

Qualifying Loans include the original principal balance for federal loans obtained while enrolled in a nursing program leading to a RN degree. Prerequisite coursework, LPN program, or NP program loans do not qualify for repayment from this program. You may access your federal loan history at [www.nsls.ed.gov](http://www.nsls.ed.gov).

### How and when do I apply?

Complete this form and return it to the Oregon Student Assistance Commission (OSAC) **postmarked no later than March 1, 2008.** Please be complete in your responses.

### Is anything needed in addition to this form?

**Yes.** You **must** attach a current copy of your complete employment and education history, or your resume. Failure to provide this information may limit your ability to compete.

**Return this form and all required attachments postmarked no later than March 1, 2008 to:**

OREGON STUDENT ASSISTANCE COMMISSION  
ATTENTION: RACHEL CUMMINGS  
1500 VALLEY RIVER DRIVE, SUITE 100  
EUGENE OR 97401

#### CONTACT INFORMATION:

Toll Free: 1/800-452-8807 ext. 7387

Direct: 541/687-7387

Fax: (541) 687-7414

[rachel.b.cummings@state.or.us](mailto:rachel.b.cummings@state.or.us)

**1. BIOGRAPHICAL INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Street* *Apartment Number*

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

SSN \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

I am currently working in \_\_\_\_\_  
*City* *County* *Estimated Population*

Email address \_\_\_\_\_

**2. NURSING PROGRAM and LICENSE INFORMATION**

I am currently a licensed RN:  
In the state of: \_\_\_\_\_ RN License Number: \_\_\_\_\_  
 Associate's Degree (2-yr)  Bachelor's Degree (4-yr)

I am currently training and will complete my RN program: \_\_\_\_\_  
*Month/Year*  
 Associate's Degree (2-yr)  Bachelor's Degree (4-yr)

2a. Total Years of experience as a licensed RN \_\_\_\_\_

2b. <i>Current or Intended Nursing Specialty:</i>	<i>Years of experience as a licensed RN</i>
<input type="checkbox"/> Public Health	_____
<input type="checkbox"/> Acute Care	_____
<input type="checkbox"/> Nursing Education	_____
<input type="checkbox"/> Long-Term Care	_____
<input type="checkbox"/> Other, specify: _____	_____

2c. <i>Prior practice specialty experience as a licensed nurse: (Not clinical experience from your educational program)</i>	<i>Years of experience as a licensed RN</i>
<input type="checkbox"/> Public Health	_____
<input type="checkbox"/> Acute Care	_____
<input type="checkbox"/> Nursing Education	_____
<input type="checkbox"/> Long-Term Care	_____
<input type="checkbox"/> Other, specify: _____	_____

2d. To receive loan repayment candidates are required to work in a designated critical shortage and/or specialty area. Which statement below reflects your plans:

I am currently employed in a qualifying area.  
I am willing to relocate to an area with a more critical need.

Place of employment \_\_\_\_\_

I am currently employed in a qualifying area.  
I am **not** willing to relocate to an area with a more critical need.

Place of employment \_\_\_\_\_

I am **not** currently employed in a qualifying area.  
I am willing to relocate to an area of critical need as listed below:

Place of employment \_\_\_\_\_

**3. PARTICIPATION IN OTHER INCENTIVE PROGRAMS**

Are you currently committed to any other incentive programs with practice obligations?

YES  NO

3a. If yes, list the program(s) and the required obligation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. PRACTICE AND CAREER GOALS** - Describe your career goals and expected outcomes for the next five years including your intended specialty area:

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## OREGON NURSING SERVICES LOAN REPAYMENT PROGRAM

### 10. INFORMATION ON QUALIFYING STUDENT LOANS

RECORD THE PRINCIPAL AMOUNT FOR EACH LOAN YOU BORROWED TO OBTAIN YOUR EDUCATION AS A REGISTERED NURSE:

QUALIFYING PROGRAMS:	ORIGINAL PRINCIPAL AMOUNT BORROWED <i>(do not include interest)</i>				TOTAL
FEDERAL NURSING LOANS					
STAFFORD LOANS (DIRECT)					
STAFFORD LOANS (FFELP)					
PERKINS LOANS					
SLS LOANS					
THE NURSING STUDENT LOAN					
HEALTH EDUCATION ASSISTANCE LOAN PROGRAM					
<b>TOTAL BY YEAR</b>					
<b>YEARS OF PROFESSIONAL SCHOOLING</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>ALL YEARS</b>
<b>LIST ACADEMIC YEAR (EXAMPLE: 2002 - 2003)</b>	-	-	-	-	-

\* CONSOLIDATION LOANS BALANCES ARE NOT PROCESSED.

**OREGON NURSING SERVICES PROGRAM APPLICATION INSERT**  
**QUALIFYING LOANS AND CREDITORS**  
*Do not return this with your application - keep this sheet for your records*

**Federal Perkins Loan** (formerly called National Direct Student Loan or NDSL)

Creditor: College or university attended.

**Federal Nursing Student Loan - NSL**

Creditor: College or university attended.

**Federal Supplemental Loan for Students – SLS** (formerly called Auxiliary Loans to Assist Students - ALAS)

Creditor: Usually a bank or other financial institution, or, if the loan has been sold, a “secondary market” such as the Student Loan Marketing Association - SALLIE MAE

**Federal Direct Stafford Loan**

Creditor: U.S. Department of Education

**Federal Family Educational Loan Program – FFELP Stafford Loan** (formerly called Guaranteed Student Loan – GSL)

Creditor: Usually a bank or other financial institution, or, if the loan has been sold, a “secondary market” such as the Student Loan Marketing Association - SALLIE MAE.

**Health Education Assistance Loan Program**

Creditor: U. S. Department of Health & Human Services

**Qualifying Critical nursing Shortage Areas and Practice Specialties**

For the most current list of frontier and rural designated critical nursing shortage areas, please visit the Oregon Board of Nursing web site at [http://www.osbn.state.or.us/OSBN/critical\\_shortage\\_areas.shtml](http://www.osbn.state.or.us/OSBN/critical_shortage_areas.shtml) or call them at (971) 673-0685.