



STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY (SNAPLE NF) 2006-2007 NEW APPLICANT FACT SHEET

The SNAPLE NF is a state-funded, competitive nursing educator incentive program administered by the California Student Aid Commission (CSAC). It is designed to encourage outstanding students to complete their baccalaureate or graduate degree and serve as nursing faculty at a regionally accredited college or university in California. This year, CSAC will select up to 100 new participants for the program.

Under the provisions of the SNAPLE NF program, CSAC may assume up to **\$25,000** of outstanding educational loan balances. To be eligible, participants must teach nursing studies at a regionally accredited college or university in California for three full-time academic years or the equivalent.

ELIGIBILITY CRITERIA

Applicants must meet the following eligibility criteria:

- Be a U.S. citizen or eligible non-citizen and be a California resident attending an eligible school or college.
- Must be making satisfactory academic progress
- Shall have complied with United States Selective Service requirements.
- Shall not owe a refund on any state or federal educational grant or have delinquent or defaulted student loans.
- Shall be currently enrolled in or admitted to a program leading to a baccalaureate or graduate level degree in which he/she will be enrolled on at least a half-time basis each academic term as defined by the eligible institution and shall agree to maintain satisfactory academic progress.
- Have received, or have been approved to receive, any of the student loans issued to students through their college for educational costs associated with obtaining a baccalaureate degree and/or a graduate degree.
- Sign a loan assumption agreement (LAA) to teach as a nursing faculty member at regionally accredited college or university in California.
- Has not received a grant as an instructor in a California community college registered nursing program pursuant to Article 3.51 commencing with Section 78260 of the Education Code.

SELECTION CRITERIA

Schools may develop their own criteria and procedures for selecting and nominating participants. Students must be determined to have outstanding ability based on criteria that may include, but not be limited to: grade point average, test scores, interviews, faculty evaluations and other recommendations. Undergraduate students must demonstrate academic ability and financial need (Cost of attendance exceeds EFC). Graduate students must demonstrate academic ability.

Points will be awarded according to the length of time remaining until the applicant is expected to receive their baccalaureate or graduate degree, for grade point average, and for an active California registered nurse license. Awards will be made to applicants with the highest point totals. In the case of a tie, CSAC will select based on the earliest date of expected graduation and in the case of a secondary tie, by the highest grade point average.

HOW TO APPLY

- Applicants may obtain an application form and submit the completed application to the office of the director of the nursing program at their institution.
- Participating schools must submit their nominations to CSAC as soon as possible so that all available awards can be made by June 30, 2007.

PARTICIPANT NOTIFICATION

CSAC reviews and scores all applications submitted by the participating schools. All selected participants will be sent a Loan Assumption Agreement (LAA). Participants must sign a LAA, agreeing to provide up to three consecutive years of full-time teaching service or the equivalent on a part-time basis. The LAA also stipulates that CSAC authorizes loan assumption payments, provided the participants comply with all requirements for the SNAPLE NF program.

Note: Because of the time constraints for this award year, a Loan Assumption Agreement (LAA) is enclosed with the application, to be signed and returned with the application packet, pending selection and acceptance as a participant by CSAC,

(OVER)

LOAN ASSUMPTION BENEFITS

To receive maximum loan assumption (SNAPLE NF) benefits, participants must teach nursing on a full-time basis or the equivalent at a regionally accredited college or university in California for up to three (3) consecutive school years and may not receive a grant pursuant to Article 3.51 commencing with Section 78260 of the Education Code.

SNAPLE NF payments are made after a participant receives their degree and provides a full year of full-time teaching service or the equivalent. CSAC will make payments once a year directly to the lending institution(s) after all employment and loan information is verified. Based on the participant's June 30 outstanding loan balance(s), CSAC will authorize SNAPLE NF payments up to:

- **\$8,333** after completion of the first full academic year of eligible full-time or the equivalent teaching service.
- **\$8,333** after completion of the second consecutive academic year of eligible full-time or the equivalent teaching service.
- **\$8,334** after completion of the third consecutive school year of eligible full-time or the equivalent teaching service.

NOTE: SNAPLE NF program participants must continue to meet their scheduled payments on all student loans throughout their participation in the SNAPLE NF program, unless they make other arrangements with their lender, until notified by their lender that the loans are paid in full. CSAC does not reimburse for any payment made by SNAPLE NF program participants.

Participants who fail to meet repayment obligations on any state or federal grant or loan or are delinquent or in default on any state or federal student loan payment will be withdrawn from the SNAPLE NF program.

SNAPLE NF benefits are not available for: Parent (PLUS) loans, lines of credit, home equity loans, credit card debt and other general consumer loans, business loans, personal loans, or mortgages.

CALIFORNIA STUDENT AID COMMISSION

Specialized Programs Operations Branch

Att: SNAPLE NF

P. O. Box 4192029

Rancho Cordova, CA 95741-9029

1-888-224-7268 #3

specialized@csac.ca.gov Attn: SNAPLE NF

**2006-07 STATE NURSING ASSUMPTION PROGRAM OF LOANS
FOR EDUCATION FOR NURSING FACULTY (SNAPLE NF) APPLICATION**

**Awards must be made by June 30, 2007. Submit applications promptly!!!
(A completed application packet must be submitted by your college official.)**



TO BE COMPLETED BY THE APPLICANT (Please print clearly or type)

1. Last Name	First Name	Middle Initial	2. Social Security Number
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3. Street Address	City	State	Zip Code
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4. Date Of Birth MM / DD / YYYY	5. Email Address	6. Telephone Number(s) Home () Cell ()
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7. I have registered with the Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO, I am female	8. I Am: <input type="checkbox"/> A United States (U.S.) Citizen (Check one) <input type="checkbox"/> An eligible non-citizen
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9. I am a California resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. I hold active California Registered Nurse License #: _____
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11. If I am an undergraduate student, I have enclosed a copy of my 2006-07 Student Aid Report (SAR) with valid EFC. (From Free Application for Federal Student Aid (FAFSA) 2006-07) REQUIRED ITEM FOR UNDERGRADUATES.

12. I have received or have been approved to receive an educational loan:
 YES, please complete #13
 NO If you have not been approved to receive an educational loan, you are not eligible for SNAPLE NF.

13. Student Loan Information. List the lender, type and status of ALL of your educational loans. Attach a separate sheet if necessary

	Loan Type		Loan Status		Loan Balance	Lender/Service
	Subsidized	Unsubsidized	Delinquent	Default		
<input type="checkbox"/> Stafford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Stafford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____

- By my signature, I understand and agree that:**
- I must be nominated by an accredited college or university in order to participate in SNAPLE NF.
 - I have read and understand the SNAPLE NF Fact Sheet.
 - The completed application packet must be sent to the Commission by my school prior to June 30, 2007.
 - I must have received, or have approval to receive, an eligible educational loan.
 - I must be enrolled at least half-time in coursework leading to a baccalaureate or graduate degree in nursing or a field related to nursing at an accredited college or university.
 - I must maintain at least half-time enrollment each academic term and, I must maintain satisfactory academic progress toward my degree objective, as determined by the institution.
 - I must sign and return a Loan Assumption Agreement (LAA) wherein I agree to provide at least three consecutive years of teaching nursing on a full-time basis or the equivalent on a part-time basis at one or more regionally accredited California colleges or universities. I understand that the term of the LAA shall be no more than 10 years from the date signed by the participant and the Commission. If I am selected as a participant, a copy of the signed LAA will be sent to me with a confirmation letter.
 - If requested, I will provide information or documentation to verify the accuracy of the information included in this application. I understand that failure to provide accurate and complete information as requested may result in disqualification and loss of program benefits.
 - I will comply with all student loan repayment obligations and continue making scheduled payments on my student loan(s) until notified by my lender that the loan is paid in full.
 - I have not received a grant as an instructor in a California community college registered nursing program pursuant to Article 3.51 commencing with Section 78260 of the Education Code.

I declare under penalty of perjury and of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I do not owe a refund on any state or federal educational grant and I do not have delinquent or defaulted student loans. I authorize the Commission to receive and to release my student records, information regarding this application, and other information I have provided concerning my application and scholarship between institutions and appropriate public and private agencies.

SIGNATURE OF APPLICANT _____
DATE

CALIFORNIA STUDENT AID COMMISSION

P.O. Box 419029, Rancho Cordova, CA 95741-9029

**STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY
(SNAPLE NF) LOAN ASSUMPTION AGREEMENT (LAA) AY 2006-2007**

NAME:(Please print)
ADDRESS:
CITY, STATE, ZIP:

SSN:

I, the undersigned SNAPLE NF participant, understand and agree to the following:

SECTION I - COURSEWORK REQUIREMENTS

I must:

1. Be currently enrolled in or admitted to an academic program leading to a baccalaureate or graduate level degree in nursing or a field related to nursing.
2. Agree to maintain satisfactory academic progress.
3. Maintain at least half-time enrollment as defined by an eligible institution each academic term.
4. Complete coursework and training necessary to obtain a degree in nursing or a field related to nursing.

SECTION II - EDUCATIONAL LOAN OBLIGATION

I must:

1. Comply with all student loan repayment obligations and continue making scheduled payments on student loan(s) until notified by my lender that the loan is paid in full. I understand that a SNAPLE NF assumption payment will not cancel or replace any already paid student loan payments.
2. Provide written notification to the Commission within 10 days of any status change in my student loan(s), including notice of delinquency/ default and the sale, transfer or consolidation of my student loans to another lender or servicer.
3. Be free of any obligation to repay any state or federal educational grant and not be delinquent or in default on any state or federally insured educational loan(s).

SECTION III - LOAN ASSUMPTION BENEFITS

I understand that:

1. In order to qualify for and receive the full SNAPLE NF benefits, I must:
 - Provide proof of completion of degree in nursing or a field related to nursing.
 - Teach nursing full-time for three consecutive academic years of part-time for the equivalent of three full-time academic years at one or more regionally accredited universities or colleges in California, starting within 12 months after obtaining a degree in nursing or a field related to nursing*.
 - Term of the loan assumption agreement shall be no more than 10 years from the date signed by me and the Commission.

* Unless, within twelve months after obtaining such a degree, I enroll in a program leading to a more advanced academic degree in nursing or a field related to nursing.

2. Employment Verification Forms and Loan Balance Verification Forms must be forwarded to the appropriate Dean or Program Director and lenders for completion and submitted to the Commission.
3. In order to meet the costs of obtaining a degree, I shall have received, or be approved to receive, a loan under one or more of the following designated loan programs:
 - (A) The Federal Family Education Loan Program (20 U.S.C. Sec.1071 et seq.)
 - (B) Any loan program approved by the Commission.

4. Depending on the state budget and my June 30th outstanding loan balance each year, the Commission will issue loan assumption payments directly to lenders/servicers as follows:
 - Up to \$8,333 after completion of my first academic year of full-time, or the equivalent thereof, eligible teaching service.
 - Up to \$8,333 after completion of my second consecutive academic year of full-time, or the equivalent thereof, eligible teaching service.
 - Up to \$8,334 after completion of my third consecutive academic year of full-time, or the equivalent thereof, eligible teaching service.
6. If the Commission determines that any loan assumption payment was authorized based on misleading or incorrect information, I will be required to reimburse the Commission.
7. In the event that I fail to complete three consecutive years or the equivalent at one or more regionally accredited universities or colleges in California, I shall retain responsibility to continue to make any payments required under the terms of any outstanding loans to avoid defaulting on those loans. Exceptions: In the event that I become unable to complete three consecutive years of the equivalent due to a serious illness, pregnancy, or other natural causes, the term of the LAA shall be extended for a period not to exceed one academic year. The Commission shall make no further payments until the applicable teaching requirements specified have been satisfied. I, however, shall retain responsibility to continue to make any payments required under the terms of any outstanding loans to avoid defaulting on those loans. If a natural disaster prevents me from completing one of the required academic years of teaching service due to the interruption of instruction at the institution, the term of the LAA shall be extended for the period of time equal to the period from the interruption of instruction at the institution to the resumption of instruction. The Commission shall make no further payments under the LAA until the applicable teaching requirements have been satisfied. I shall retain responsibility to continue to make any payments required under the terms of any outstanding loans to avoid defaulting on those loans.

SECTION IV - ADDITIONAL REQUIREMENTS

I must:

1. Respond to all communications and requests from the Commission within the time indicated.
2. Provide written notification to the Commission within 10 days of any change in my legal name, address or phone number or of any change in status which affects my SNAPLE NF eligibility.
3. Comply with (1) any procedures deemed necessary and appropriate by the Commission, (2) all conditions cited in this Loan Assumption Agreement and (3) all program laws and regulations. If I fail to comply, this Loan Assumption Agreement will become invalid.

BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

Participant Signature	Date	() Telephone Number
Commission Official's Signature	Commission Official's Title	Date