STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY (SNAPLE NF) 2009-10 NEW APPLICANT FACT SHEET

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

Under the provisions of the SNAPLE NF program, the Commission may assume up to **$25,000** of outstanding educational loan balances. To be eligible, participants must teach nursing studies at an 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.
- 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 have a baccalaureate degree in nursing or a field related to nursing.
- If currently enrolled in or pursuing a 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, agree to maintain satisfactory academic progress.
- Shall not be currently teaching nursing.
- 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 a graduate degree.
- Sign a loan assumption agreement (LAA) to teach as a nursing faculty member at regionally accredited college or university in California.
- 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 California 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. 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 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, the Commission 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 school nominations must be received at the Commission by May 28, so that all available awards can be selected by June 30, 2010**.**

PARTICIPANT NOTIFICATION

The Commission reviews and scores all applications submitted by participating schools. 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 the Commission authorizes loan assumption payments, provided the participants comply with all requirements for the SNAPLE NF program.

Note: A LAA is enclosed with the application, to be signed and returned with the application packet, pending selection and acceptance as a participant by the Commission.

(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 California 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. The Commission 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), the Commission 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. The Commission 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

Attn: SNAPLE NF

P. O. Box 419029

Rancho Cordova, CA 95741-9029

1-888-224-7268, option 3

specialized@csac.ca.gov Attn: SNAPLE NF

2009-10 STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY (SNAPLE NF) APPLICATION

Application must be received by May 28 for the June 30, 2010 selection.
(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*

3. Street Address | City | State | Zip Code

4. Date Of Birth MM / DD / YYYY
5. E-mail Address
6. Telephone Number(s)
   Home ( )
   Cell ( )

7. I have registered with the Selective Service?
   ☐ Yes ☐ No, I am female

8. I am:
   ☐ A United States citizen
   ☐ An eligible non-citizen

9. I am a California resident? ☐Yes ☐No

10. I hold an active California Registered Nurse License #:_____

11. I hold a baccalaureatte degree in nursing or a field related to nursing. Please circle one: Yes No
    (If yes, attach a copy of diploma or transcript.)

12. I have received or have been approved to receive an educational loan. Please check either yes or no below:
    ☐ YES, please complete #13
    ☐ NO If you have not been approved to receive an eduational 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: Need-based i.e. Subsidized	Loan Type: Non-need based i.e. Unsubsidized	Loan Status: Delinquent	Loan Status: Default	Loan Balance	Lender/Servicer
☐ Stafford	☐	☐	☐	☐	$_____	_____
☐ Stafford	☐	☐	☐	☐	$_____	_____
☐ Other _____	☐	☐	☐	☐	$_____	_____

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 received at the California Student Aid Commission (Commission) by May 28, 2010.
- I must have received, or have approval to receive, an eligible educational loan.
- If enrolled in a 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 must maintain satisfactory academic progress toward my degree objective, as determined by the institution.
- I must already have a baccalaureate degree in nursing or a field related to nursing and not currently be teaching in nursing.
- 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 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.

_____ APPLICANT'S SIGNATURE

_____ DATE

See back of Application for information regarding protection of your Social Security number.

2009-10 STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY (SNAPLE NF) APPLICATION

Applicant's Name _____ Applicant's Social Security Number _____

Information on protection of your Social Security number.

State of California Information Practices Act (IPA) of 1977 & Use of Your SSN

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California IPA of 1997 requires that the following information be provided to applicants for financial aid who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to themselves. The officials responsible for maintaining the information contained on this form are the Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The Social Security number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.

2009-10 STATE NURSINGASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY (SNAPLE NF) NOMINATION FORM

(TO BE COMPLETED BY COLLEGE OFFICIAL)

Applicant's Name _____ Applicant's Social Security Number _____

Instructions to college official: This section must be completed by a dean or program director. The official should mail the completed application to the address below. **NOTE: Nomination must be received at the California Student Aid Commission (Commission) by May 28, 2010, in time for June 30 award selection.**

The SNAPLE NF requires that the participating institution certify that: 1) The college or university is accredited. 2) The applicant is enrolled, or admitted into a program in which the applicant will be enrolled, on at least a half-time basis as determined under the academic requirements of the participating institution. 3) The applicant is making satisfactory academic progress. 4) The applicant has demonstrated academic ability; and 5) the applicant has been judged by the participating institution to have outstanding ability to become a nursing faculty member on the basis of criteria that may include, but need not be limited to, the following: Grade Point Average (GPA), test scores, faculty evaluations, interviews, and other recommendations.

1. Is your institution accredited? ☐ Yes ☐ No
2. The applicant's educational level in college during the 2009-10 academic year:

DEGREE	PROJECTED COMPLETION DATE	or	DATE COMPLETED
a. ☐ Master's Degree Candidate	_____		_____
b. ☐ Ph.D	_____		_____
c. ☐ Other: _____	_____		_____

3. Applicant's field of study during the 2009-10 academic year: _____

4. Applicant's GPA (Based on a 4.00 grading scale) In graduate work_____ Undergraduate work _____

Nomination: By my signature, below, under penalty of the laws of the State of California, I hereby declare that the above information is true as reflected on current school records:

_____ _____
(Signature of Dean or Program Director, or designee) (Title of School Official, or designee)

_____ _____ _____
(Print or type name of School Official, or designee) (Date) (Fax Number)

_____ _____
(E-mail) (Phone Number)

_____ _____
(College Name) (Federal School Code)

_____
(College Address)

_____
(City) (State) (Zip Code)

ATTENTION COLLEGE OFFICIAL

Mail this form to:

California Student Aid Commission
ATTN: SNAPLE NF
P.O. Box 419029
Rancho Cordova, CA 95741-9029

CALIFORNIA STUDENT AID COMMISSION

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) FOR ACADEMIC YEAR 2009-10

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

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

SECTION I - COURSEWORK REQUIREMENTS
I must:

1. If currently enrolled in or admitted to an academic program leading to a graduate level degree in nursing or a field related to nursing:
   - Maintain satisfactory academic progress.
   - Maintain at least half-time enrollment as defined by an eligible institution each academic term.
2. Complete coursework and training necessary to obtain a degree in nursing or a field related to nursing.
3. Currently not be teaching in nursing.
4. Already possess a baccalaureate 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 California Student Aid Commission (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 or 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 and Loan Balance Verification Forms must be forwarded to the appropriate Dean or Program Director and lenders for completion and submission 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's Signature	Date	( ) Telephone Number

Commission Official's Signature	Commission Official's Title	Date