State Nursing Assumption Program of Loans for Education for Nurses in State Facilities (SNAPLE NSF) 2009-10 New Applicant Fact Sheet

What is SNAPLE NSF?

The SNAPLE NSF is a state-funded competitive registered nurse incentive program administered by the California Student Aid Commission (Commission). It is designed to encourage outstanding students to obtain their California Registered Nursing License and serve in an eligible position as a registered nurse in a state-operated facility with a registered nurse vacancy rate greater than 10 percent. This year the Commission will select up to 100 new participants for the program.

Under the provisions of the SNAPLE NSF program, the Commission will assume up to $20,000 of outstanding educational loan balances. To be eligible, participants must work in an eligible position as a registered nurse in a state-operated facility with a registered nurse vacancy rate greater than 10 percent.

What is an eligible position?

Eligible position means a position in a state-operated facility with a registered nurse vacancy rate greater than 10 percent that appears on the list of Approved Positions for the State Nursing Assumption Program of Loans for Education for Nurses in State Facilities provided by the Commission.

What is a state-operated facility?

"State Operated Facility" means a state-operated facility in California that:

- provides health care 24 hours per day, seven days per week, including but not limited to prisons, psychiatric hospitals and veterans' homes;
- employs registered nurses,
- has a vacancy rate greater than 10 percent of its registered nurse positions as determined by the state Department of Personnel Administration; and
- is included on the list of state-operated facilities with a registered nurse vacancy rate greater than 10 percent provided annually to the Commission by the state Department of Personnel Administration

What are the eligibility criteria for SNAPLE NSF?

Applicants *must* meet the following eligibililty criteria:

- **Have completed a minimum of 60 post-secondary semester units or the equivalent.**
- If enrolled, be making satisfactory academic progress.
- Be currently enrolled in or admitted to a pre-licensure nursing program in which he or she will be enrolled on a full-time basis each academic term as defined by the eligible institution and shall agree to maintain satisfactory academic progress or have completed a pre-licensure nursing program.
- Sign a Loan Assumption Agreement (LAA) to become a registered nurse in an eligible position in a state-operated facility on a full-time basis for four consecutive years.

What are the selection criteria for SNAPLE NSF?

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.

Points will be awarded: a) according to the length of time remaining until the applicant is expected to complete their pre-licensure nursing program, b) for enrollment in or completion of an accelerated program, c) for an outstanding balance on a need-based student loan, d) for grade point average, and e) for a completed baccalaureate degree. Awards will be made to applicants with the highest point totals. In the case of a tie in total number of points, the Commission will select based on the date the application is received by the Commission.

How do SNAPLE NSF applicants apply?

- Applicants may obtain an application and submit the completed application to the office of the director of nursing program at their institution.
- Participating school nominations must be received at the Commission by May 28, 2010 in time for the June 30 award selection.

SNAPLE NSF Fact Sheet, *cont'd.*

How are participants notified?

The Commission reviews and scores all applications submitted by the participating schools. Participants must sign the LAA, agreeing to provide up to four consecutive years of full-time service. The LAA also stipulates that the Commission authorizes loan assumption payments, provided participants comply with all requirements for the SNAPLE NSF program.
Note: *A LAA is enclosed with the application material. It is to be signed and returned with the Application Packet, pending selection and acceptance as a participant by the Commission.*

How are loan assumption benefits received by participants?

To receive maximum loan assumption (SNAPLE NSF) benefits, a participant must serve as a registered nurse in an eligible position in a state-operated facility with a greater-than-10 percent vacancy rate of registered nurses on a full-time basis for four consecutive years.

SNAPLE NSF payments are made after a participant receives their California Registered Nurse license and provides a year of full-time service. 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 NSF payments up to:

- $5,000 after completion of the first full year of eligible full-time service in an eligible position as a registered nurse in a state-operated facility (to be eligible for assumption benefits, loan(s) must be disbursed prior to the date of the registered nurse license of the participant).
- $5,000 after completion of the second full year of eligible full-time service in an eligible position as a registered nurse in a state-operated facility (to be eligible for assumption benefits, loan(s) must be disbursed prior to the date of the registered nurse license of the participant).
- $5,000 after completion of the third full year of eligible full-time service in an eligible position as a registered nurse in a state-operated facility (to be eligible for assumption benefits, loan(s) must be disbursed prior to the date of the registered nurse license of the participant).
- $5,000 after completion of the fourth full year of eligible full-time service in an eligible position as a registered nurse in a state-operated facility (to be eligible for assumption benefits, loan(s) must be disbursed prior to the date of the registered nurse license of the participant).

Note: SNAPLE NSF program participants must continue to meet their scheduled payment on all student loans throughout their participation in the program, unless they make other arrangements with their lender(s), until notified by their lender(s) that their loan(s) are paid in full. The Commission does not reimburse for any payment made by SNAPLE NSF program participants.

In what ways can the SNAPLE NSF benefit *not* be used?

SNAPLE NSF 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.

Questions about the SNAPLE NSF program?

Contact the Commission

By mail at:
California Student Aid Commission
Specialized Programs Operations Branch
P.O. Box 419029
Rancho Cordova CA, 95741-9029

By telephone at:
1-888-224-7268, option 3

By email at:
specialized@csac.ca.gov Attn: SNAPLE NSF

CALIFORNIA STUDENT AID COMMISSION

2009-10 STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSES IN STATE FACILITIES (SNAPLE NSF) APPLICATION

Application must be received by May 28 for the June 30, 2010 selection.
(A complete 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. If you completed a pre-licensure nursing program within the 2009-10 award year, enter date completed:

8. Do you possess a baccalaureate degree? ☐ Yes ☐ No ***(If yes, please attach a copy of diploma or transcript.)***

9. I have received or have been approved to receive an educational loan. Please check either yes or no below:
- ☐ **YES, please complete #10**
- ☐ **NO If you have not been approved to receive an eduational loan, you are not eligible for SNAPLE NSF.**

10. 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 Balance	Lender	Loan ID #
☐ Stafford	☐	☐	$_____	_____	_____
☐ Stafford	☐	☐	$_____	_____	_____
☐ Other:_____	☐	☐	$_____	_____	_____

11. Please list the name of the college you are attending for the 2009-10 academic year: _____
Federal school code for your college: _____ **(Check with your college if you are unsure of the code.)**

By my signature, I understand and agree that:

- I must be nominated by an eligible institution in order to participate in SNAPLE NSF.
- I have read and understand the SNAPLE NSF Fact Sheet.
- I must have received, or have approval to receive, an eligible educational loan.
- I must be enrolled full-time in a pre-licensure nursing program approved by the California Board of Regisered Nursing each academic term, *and* I must maintain satisfactory academic progress, as determined by the institution.
- I must sign and return a Loan Assumption Agreement (LAA) wherein I agree to provide at least four consecutive years in an eligible position as a registered nurse in a state-operated facility. I understand that the term of the LAA shall be no more than 10 years from the date signed by the participant and the California Student Aid Commission (Commission), unless extended by the Commission in the case of serious illness, pregnancy, other natural causes or a natural disaster. If I am selected as a participant, a copy of the signed LAA will be sent to me with a confirmation letter.
- I must obtain and maintain a California registered nurse license within 12 months of completing the pre-licensure nursing program.
- I must obtain and maintain employment:
  - within 6 months of obtaining a California registered nurse license, as a registered nurse in an eligible position in a state-operated facility on a full-time basis for four consecutive years, ***or***
  - in a state-operated facility on a full-time basis for four consecutive years, within 6 months of being accepted into the SNAPLE NSF program, if I possess a current California registered nurse license at the time of application.
- 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 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 NURSES IN STATE FACILITIES (SNAPLE NSF) APPLICATION

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

Gender	**I describe myself as one of the following:**	
☐ Male	☐ (1) African American	☐ (5) Asian American
☐ Female	☐ (2) Latino, Chicano	☐ (6) Native American
	☐ (3) Filipino	☐ (7) Caucasian
	☐ (4) Pacific Islander	☐ (8) Other _____

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 NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSES IN STATE FACILITIES (SNAPLE NSF) 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 receive at the California Student Aid Commission (Commission) by May 28, 2010, for the June 30 selection.**

The SNAPLE NSF requires that the participating institution certify that: 1) The Institution is eligible to participate in state and federal financial aid programs. 2) The Institution maintains an accredited program of professional preparation for licensing as a registered nurse in California. 3) The applicant has competed a minimum of 60 post-secondary semester units or the equivalent. 4) The applicant, if enrolled, is making satisfactory academic progress. 5) The applicant has demonstrated academic ability 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. The applicant's enrollment in college during the 2009-10 academic year:

   a. ☐ The applicant is enrolled or admitted into a program in which the applicant will be enrolled on a full-time basis as determined under the academic requirements of the participating institution.

   b. ☐ The applicant has completed a pre-licensure nursing program on: _____ (Date)

2. Type of program: (check one) ___ Accelerated ____ Traditional

3. Applicant's GPA (Based on a 4.00 grading scale) in a pre-licensure nursing program:_____

4. The number of remaining semesters or quarters the applicant is expected to take to complete the pre-licensure program:
Semesters _____ Quarters _____

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 School Official, or designee)

_____ (Date)

_____ (Fax Number)

_____ (E-mail)

( ) _____ (Phone Number) (Ext.)

_____ (College Name)

_____ (Federal School Code)

_____ (College Address)

_____ (City) (State) (Zip Code)

ATTENTION COLLEGE OFFICIAL
Mail this form in an official envelope from your institution to:

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

CALIFORNIA STUDENT AID COMMISSION

STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSES IN STATE FACILITIES (SNAPLE NSF) LOAN ASSUMPTION AGREEMENT (LAA) FOR ACADEMIC YEAR 2009-10

NAME: (Please Print) _____ SSN: _____/_____/_____*

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

SECTION I- COURSEWORK REQUIREMENTS

I must:

1. Be currently enrolled in, admitted to or have completed in the 2009-10 award year, a pre-licensure nursing program approved by the California Board of Registered Nursing for licensing as a registered nurse in California. The institution must be eligible to participate in state and federal financial aid programs.

2. Agree to maintain satisfactory academic progress.

3. Maintain full-time enrollment as defined by my school each academic term.

4. Complete coursework and training necessary to obtain a California Registered Nurse License.

SECTION II- EDUCATIONAL LOAN OBLIGATION

I must:

1. Comply with all student loan 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 NSF loan 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 of my student loan(s) transfer or consolidation of my student loans to another lender or servicer.

SECTION III- LOAN ASSUMPTION BENEFITS

1.*To receive full benefits from SNAPLE NSF, I must:*

-Provide proof of completion of a pre-licensure nursing program approved by the California Board of Registered Nursing for licensing as a registered nurse in California and receipt of a California Registered Nurse License,

- Apply for and obtain a license to practice as a registered nurse in California within 12 months of completing the pre-licensure nursing program.

- I must obtain and maintain employment:

a. within 6 months of obtaining a California registered nurse license, as a registered nurse in an eligible position in a state-operated facility on a full-time basis for four consecutive years, *or*

b. in a state-operated facility on a full-time basis for four consecutive years within 6 months of being accepted into the SNAPLE NSF program, if I possess a current California registered nurse license at the time of application.

The state-operated facility at which I become employed must be included on the list, provided to the Commission by the state Department of Personnel Administration, of facilities with a greater than 10 percent vacancy rate for registered nursing positions as of the date that I start employment at that facility.

-Authorize the institution that I am attending, my future employers in state-operated facilities, and student loan lenders to provide information requested by the Commission for the purpose of administering the LAA.

-The term of the LAA shall be no more than 10 years from the date signed by me and the Commission unless extended by the Commission in the case of serious illness, pregnancy, other natural causes or a natural disaster.

2. Employment Verification Forms 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 California Registered Nurse license, I shall have received, or be approved to receive, a loan under one or more of the following designated loan programs:

a. Federal Family Education Loan Program (20 U.S.C Sec. 1071 et seq.)

b. Any student loan approved by the Commission.

4. Depending on the state budget and my outstanding loan balance on June 30 of each year, the Commission will issue loan assumption payments directly to my loan lenders/servicers as follows:

- up to $5,000 after completion of my first year of full-time employment in an eligible position as a registered nurse in state-operated facility (to be eligible for assumption benefits, loan(s) must be disbursed prior to the date of registered nurse license of participant).
- up to $5,000 after completion of my second consecutive year of full-time employment in an eligible position as a registered nurse in a state-operated facility (to be eligible for assumption benefits, loan(s) must be disbursed prior to the date of registered nurse license of participant).
- up to $5,000 after completion of my third consecutive year of full-time employment in an eligible position as a registered nurse in a state-operated facility (to be eligible for assumption benefits, loan(s) must be disbursed prior to the date of registered nurse license of participant).
- up to $5,000 after completion of my fourth consecutive year of full-time employment in an eligible position as a registered nurse in a state-operated facility (to be eligible for assumption benefits, loan(s) must be disbursed prior to the date of registered nurse license of participant).

5. 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.

6. Except as otherwise specified below, if I fail to complete four consecutive years of full-time employment in an eligible position as a registered nurse in a state-operated facility or fail to maintain full-time enrollment or satisfactory academic progress while attending a pre-licensure nursing program, I will be withdrawn from the program and will assume full liability for all student loan obligations remaining after the Commission's payment of any loan liability for any year of qualifying registered nurse service.

-If I am unable to complete one of the four consecutive years of employment as a registered nurse in a state-operated facility, due to serious illness, pregnancy or other natural causes, the term of the LAA shall be extended for a period not to exceed one year. The Commission shall make no further payments under the LAA until the applicable employment requirements specified have been satisfied.

- If a natural disaster prevents me from completing one of the four consecutive years of employment at the state-operated facility, the term of the LAA shall be extended for the period of time equal to the period from the date that my employment temporarily ceased to the date on which I resumed employment at the facility. The Commission shall make no further payment under the LAA until the applicable work requirements have been satisfied.

- I shall retain responsibility to continue to make any payment required under the terms of any outstanding loans to avoid defaulting on 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 telephone number or any change in status that affects my SNAPLE NSF eligibility.

3. comply with (1) any procedures deemed necessary and appropriate by the Commission, (2) all conditions cited in this LAA, and (3) all program laws and regulations. (4) Notify the Commision of my starting date of employment within two weeks of obtaining eligible employment. If I fail to comply, the LAA will become invalid.

By my signature, I acknowledge that I have read and I understand the above information:

Participant's Signature | Date | Telephone number

Commission Official's Signature | Title | Date

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

* *Information on protection of your Social Security number.*

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

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