PHYSICIAN MANPOWER TRAINING COMMISSION
February 27, 2015

Dear Director of Nursing/Financial Aid Officer:

Enclosed are an application and sample contract for the State of Oklahoma Nursing Student Assistance Program. We appreciate you informing nursing students about this financial assistance. The enclosed application can be used for copying or the application can be printed from our website: www.pmtc.ok.gov. Please use our web address as a link on your web site if you provide that service for your students.

The two types of nursing scholarship loans are explained on the first page of the application. It is important that interested applicants read the sample contractual form because they will be asked to sign one if they are requested to be interviewed. The contract form is also shown on the PMTC web site.

Complete applications are due in the PMTC office by June 30, 2015. We sincerely hope most candidates for classes will be selected by the deadline. It is important that all students have an equal opportunity to apply for the financial assistance. If a student is selected to receive a scholarship loan, it is required for each student to be interviewed by the Nursing Student Assistance Committee. Listed below is the schedule of interviews for each region.

<table>
<thead>
<tr>
<th>Date</th>
<th>Region</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 22</td>
<td>West</td>
<td>Burns Flat, OK</td>
</tr>
<tr>
<td>July 23</td>
<td>South Central</td>
<td>Duncan, OK</td>
</tr>
<tr>
<td>July 28</td>
<td>Southeast</td>
<td>McAlester, OK</td>
</tr>
<tr>
<td>July 29</td>
<td>Northeast</td>
<td>Tulsa, OK</td>
</tr>
<tr>
<td>July 31</td>
<td>Central</td>
<td>Oklahoma City, OK</td>
</tr>
</tbody>
</table>

Please be aware of the accompanying paperwork required for a complete application, deficient applications will not be processed. Only letters from Director of Nursing Programs will be accepted as proof of being accepted into the nursing program.

Please verify that all campuses of your school have received applications. Our address, e-mail address, and website are shown below. Should you have questions, please feel free to call our office.

Sincerely,

Michelle Cecil
Nursing Program Coordinator

Enclosures

Please post enclosure to publicize availability of the nursing scholarship loan.

NO FAXED OR E-MAILED APPLICATIONS OR ATTACHMENTS ACCEPTED.
STATE OF OKLAHOMA
NURSING STUDENT ASSISTANCE PROGRAM
Administered by the Physician Manpower Training Commission

What is the Nursing Student Assistance Program?

It is a state supported financial assistance program for nursing students from Oklahoma, who are pursuing LPN, ADN, BSN, or MSN degrees (does not include the Nurse Adm/Management Masters Program). Recipients must plan to practice nursing in Oklahoma.

What are the eligibility criteria?

1. Applicant must be a citizen of the United States.
2. Applicant must be a legal resident of Oklahoma.
3. Applicant must have been unconditionally admitted as a student in an accredited program of nursing study. Certification of acceptance or of being a student in good academic standing must be submitted from Director of Nursing Program ONLY.

What is the difference between a Matching and Non-Matching scholarship loan?

1. Scholarship Loan Funding:
The Matching scholarship loan is funded on an equal basis between the State of Oklahoma and a sponsoring health institution which the applicant secured. Sponsors may be hospitals, nursing homes, and other health entities. The Non-Matching scholarship loan is funded solely by the State of Oklahoma.

2. Scholarship Loan Amounts:
   - The LPN amount is for the entire coursework, available for only one year.
   - The ADN, BSN, and MSN amounts are per academic year, available only the last two years.
   - Amounts are based on full-time status and will be adjusted for part-time students.
   - Scholarship loans do not cover coursework already completed or in progress.
   - Financial assistance is not available to students enrolled only in general education courses.

<table>
<thead>
<tr>
<th>Plan of Study</th>
<th>NON-MATCHING</th>
<th>MATCHING*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN</td>
<td>$1,750.00 per PN Program</td>
<td>$1,000.00 - $3,500.00 per PN Program</td>
</tr>
<tr>
<td>ADN</td>
<td>$2,000.00 per Academic Year</td>
<td>$1,000.00 - $4,000.00 per Academic Year</td>
</tr>
<tr>
<td>BSN</td>
<td>$2,500.00 per Academic Year</td>
<td>$1,000.00 - $5,000.00 per Academic Year</td>
</tr>
<tr>
<td>MSN</td>
<td>$2,500.00 per Academic Year</td>
<td>$1,000.00 - $5,000.00 per Academic Year</td>
</tr>
</tbody>
</table>

*The matching scholarship loan amount is most often set by the sponsoring institution. It must be between the minimum and maximum limits, based on actual costs of attending. Be aware of the amount from the sponsor.

3. Work obligation upon completion of school and licensing:
Upon completion of school and licensing, the nurse is obligated to practice nursing, at the degree level for which financial assistance was received, one year for each academic year of financial assistance. The minimum obligation is one year.
- The Matching recipient is obligated to practice nursing at the sponsoring institution.
- The Non-Matching recipient can fulfill in the qualified health institution of choice. Facilities that do not qualify are physician's offices, private duty practice, research, federal facilities, majority physician own facilities; industrial, school, or summer camp nursing.

Nurses that do not fulfill the required work obligation must repay the scholarship loan plus interest and/or liquidated damages.

When would I have to repay the loan?

Immediately upon dropping out of nursing school, not completing nursing education, failure to pass nursing boards (after first two successive attempts), or not completing required work obligation.

What is the deadline to apply and when will I know if I received it?

Apply early, the deadline is June 30, 2015. Applications and attachments are not accepted by fax or email. All applicants will be notified by mail of either being selected or declined. If selected, an interview is required: set aside the interview session date for your region. Note on application if you need to select an alternate listed date. Not all interview sites may be needed. If you did not receive a letter, please call our office July 15 at (405) 843-5667.

- West - July 22, Burns Flat
- South - July 23, Duncan
- Southeast - July 28, McAlester
- Northeast - July 29, Tulsa
- Central - July 31, Oklahoma City

What do I need to include with my application?

Mail application and all required attachments early in order to assure receipt by deadline of June 30, 2015.

- Must be postmarked BEFORE June 30th

1. Complete this application in entirety. Incomplete applications are not processed. Mail completed pages 2-4.
2. Letter signed by Nursing School Director, on school letterhead certifying either:
   - Unconditional acceptance into the nursing program if entering in the fall or spring; OR
   - Letter of good standing if already completed courses in the nursing program, with anticipated graduation date.
3. Grades: Letter must contain GPA (and ACT score if available). If not included in the letter, provide a current transcript. If there are no college hours or high school diploma, provide a copy of GED score (not certificate).
4. Signed 2014 Federal Income Tax Form 1040, 1040A, or 1040EZ. Dependent students must submit parent's income tax form in addition to their own. If student is not required to file a Federal Income Tax Return, submit proper certification (form can be obtained from our website).
5. Signature required on last page. Matching applications must have sponsor section completed.

For application to be processed, applicant must provide all of the requested information. Applicant is not contacted regarding deficiencies.
APPLICANT INFORMATION

Have you received assistance through the Oklahoma Nursing Student Assistance Program in the past? Yes ☐ No ☐

If yes, what years was it received? ☐

OFFICE USE ONLY: Fulfilled ☐

Name ___________________________ ___________________________ ___________________________ ___________________________

Last First Middle (Maiden if applicable)

Date of Birth (Required) ___________ Social Security Number ___________

Permanent Address (where mail will always reach you) ________________________________________________

City, State ___________________________ Zip+4 (Use 9-digit zip code) ___________ County ___________

Address in July 2015 ___________________________________________________________

Cell Phone (_____) ___________ Second Phone (_____) ___________ E-Mail: ___________________________

List dates lived in Oklahoma ___________________________ *Are you a U.S. Citizen? Yes _____ No _____

*Must be a U.S. Citizen in order to apply.

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Name of Spouse ___________________________ Spouse Social Security Number ___________________________

Spouse Occupation ___________________________ Spouse Employer ___________________________

Number of Dependents other than yourself and spouse ___________________________ Ages: ____ _____ _____ _____

Do dependents live in your household? Yes _____ No _____ If no, explain ___________________________

Are you currently licensed to practice as a LPN or RN in Oklahoma? Yes _____ No _____ Current License Number ___________________________

Are you or have you ever worked in a health-related occupation? Yes _____ No _____ If so, how long? ___________________________

Where and in what capacity? ___________________________

Present Employer and Address ___________________________

STUDY PLANS

Check semester(s) you will be enrolled in nursing program: ☐ Fall 2015 ☐ Spring 2016

University, college, or technical school where you have been admitted into the nursing program: ___________________________

Institution Name ___________________________ City & State ___________________________ Date you expect to receive your degree: Month/Year

Program of Study: LPN _____ ADN _____ BSN _____ MSN _____ MSN-NP _____ MSN-Educ _____ List intended dates of study in nursing program. From ____ To ____

If LPN program, please indicate: Two-Year _____ One-Year _____ Self-Pace _____

If career ladder BSN program, indicate when nursing course work will be complete ______ Month/Year ___________________________ and when graduating and receiving BSN ______ Month/Year

When do classes begin for the next academic year? ___________________________ Estimate intended number of credit hours for Fall, 2015 _______ Spring, 2016 _______

Do you plan to work while attending school? Yes _____ No _____ If yes, how many hours per week? ___________________________

What are your professional goals? ___________________________________________________________

Many people apply for this scholarship loan. Please give reasons you feel you should be selected. ___________________________________________________________

In what community do you plan to practice nursing? ___________________________

If applying for a matching scholarship, are you related to the owner or an employee of the sponsoring institution? Yes _____ No _____

If yes, please give name and relationship. ___________________________________________________________

Have you read a copy of the contract you will be asked to sign if you are awarded a scholarship loan? Yes _____ No _____ (Sample available on our website.)

Get answers to frequently asked questions at: www.pmtc.ok.gov/nsap.htm.
FINANCIAL INFORMATION

Available Income 2014 Actual 2015 Estimated

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant's Personal Income</td>
<td></td>
<td></td>
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<tr>
<td>Spouse Income</td>
<td></td>
<td></td>
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<tr>
<td>Parental Support</td>
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<tr>
<td>Alimony</td>
<td></td>
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<tr>
<td>Child Support</td>
<td></td>
<td></td>
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<tr>
<td>School Financial Aid</td>
<td></td>
<td></td>
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<tr>
<td>Welfare Benefits: (AFDC, Food Stamps, TANF, Subsidized housing, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Social Security Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter Annual Totals

Total Received 2014:

Estimated Total 2015:

Are you currently, or will you be receiving assistance from any of the following? ENTER FINANCIAL AMOUNTS ABOVE.

Stafford
OTAG
SEOG
WIA

Pell Grant
Perkins
Food Stamps
Welfare or AFDC

Vocational Rehabilitation
Low Income Housing
BIA Grant or Indian Health
Other (name source)

Will any family member living in your household, other than yourself, be enrolled in college? Yes No How many?

Have you received or applied for other assistance with a work obligation? Yes No Please explain:

Estimated cost of attendance for 2015-2016:
Tuition and Fees $ Uniforms and Supplies $

Books $ Transportation $ Total commuting miles per week:

Where will you live during the 2015-2016 school year? With Parents On Campus Off Campus

Are you currently in default or delinquent in payment on a student loan? Yes No

Have you ever been convicted of a felony? Yes No

APPLICANT'S STATEMENT

1. I am applying for financial assistance as an incentive to complete my education in nursing and to provide professional services in a health/sickness care institution, state agency or educational institution in Oklahoma.

2. Matching Scholarship Program. I understand that the receipt of loan funds requires a full-time practice obligation of one year with the sponsor as specified in this application for each year of financial support received (with a minimum of one year) or repayment of scholarship funds plus interest and/or liquidated damages.

Non-Matching Scholarship Program. I understand that the receipt of loan funds requires a full-time practice obligation of one year in the State of Oklahoma for each year of financial support received (with a minimum of one year) or repayment of scholarship funds plus interest and/or liquidated damages.

3. To qualify as a legal resident for the purpose of this program, a person must have maintained his/her domicile in Oklahoma for at least one year immediately prior to a request for funds and qualify for resident tuition. If the applicant is under eighteen, or dependent, the status of the domicile is determined by that of his/her parents or legal guardian.

CHECK ALL THAT APPLY.

_____ I am twenty-three years of age or older.
_____ I am a legal resident of Oklahoma.
_____ I am eighteen years of age or older.
_____ I would qualify for residency based on the residency status of my parents or legal guardian.

4. The Physician Manpower Training Commission (PMTC) is given permission to contact any parties or to obtain the sources of information, which it deems necessary to verify my eligibility for a loan. I consent for my nursing school to release my grades or my status in school upon request of the PMTC. I consent for verification of my work obligation upon request of the PMTC.

The information given in this application and supporting forms is accurate and true to the best of my knowledge. I understand that if I knowingly make a false statement or misrepresentation on this application or any of the required supporting documents, it will be grounds for termination of the loan, immediate repayment of any funds already paid to me, and possible criminal action.

Date

Applicant Signature

Application must be completed on back page. Apply early, the last day to apply for 2015-2016 is June 30, 2015.
REFERENCES

Relative:

Name __________________________

Relationship ____________________

Address __________________________

City, State, Zip ____________________

Phone Number ______________________

Non-Relative:

Name of non-relative __________________________

Relationship __________________________

Address ______________________________

City, State, Zip ________________________

Phone Number _________________________

SPONSOR SECTION
Nursing Student Assistance Program 2015-2016

In order for the application to be processed as matching, the sponsoring institution must complete this section. The applicant's required supporting documents must be attached for the application to be complete.

Sponsoring Facility: ________________________________________________________________

Address, City, St, Zip: _____________________________________________________________

Telephone (______) __________________ Fax (______) _______________________________ E-Mail: ________________________________

We wish to sponsor ________________________ for a matching nursing scholarship loan.

Applicant Name ________________________________

After reviewing the student's financial needs for school, we recommend the following amount of financial assistance for 2015-2016:

(Please request an amount which reflects the student's financial needs for school and is between the minimum and maximum limitations.)

<table>
<thead>
<tr>
<th>Sponsor's Share: $ _______ per year or per PN program</th>
<th>Funding Limits</th>
<th>LPN</th>
<th>ADN</th>
<th>BSN / MSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>State's Share: $ _______ per year or per PN program</td>
<td>Minimum Total:</td>
<td>Per Academic Year</td>
<td>Per Academic Year</td>
<td>Per Academic Year</td>
</tr>
<tr>
<td>Total:$ _______ per year or per PN program</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>minimum $500</td>
<td>$500 / $500</td>
<td>$500 / $500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>maximum $1,750</td>
<td>$2,000 / $2,000</td>
<td>$2,500 / $2,500</td>
<td></td>
</tr>
</tbody>
</table>

Have you read a copy of the contract that you and the applicant will be asked to sign? Yes[ ] No[ ]

Is applicant related to anyone serving in a leadership capacity with your institution? Yes[ ] No[ ]

If yes, please explain:

Representative of Sponsoring Facility:

Name and Title (Please Print) __________________________

Signature __________________________

Mail: [ ] Application, [ ] School letter, [ ] Grades (GPA, ACT, GED), and [ ] 2014 Federal Income Tax Form:

Physician Manpower Training Commission
5500 North Western Avenue, Suite 201
Oklahoma City, Oklahoma 73118

Email: michelle.cecil@pmtc.ok.gov
Website: www.pmtc.ok.gov
Phone: (405) 843-5667

* Faxed or emailed applications are not accepted.
Only complete applications received by the deadline of June 30, 2015 will be considered.
Not all applicants will receive funding.

The Physician Manpower Training Commission, in compliance with Title VI of the Civil Rights Act of 1974 and Title IX of the Education Amendments of 1972 (Higher Education Act), does not discriminate on the basis of race, color, national origin or sex in any of its policies, practices, or procedures. This provision includes, but is not limited to, employment and financial services.