



# Iowa Student Loan Nurse Educator Grant 2015–2016 Application

**Note: This is not an application for a loan.**

Submit this form to apply for an Iowa Student Loan® Nurse Educator Grant disbursement. **Note:** All documentation for all disbursements must be submitted no later than Aug. 20, 2017. For more information on the Iowa Student Loan Nurse Educator Grant, please visit [www.iowaStudentLoan.org/nursegrant](http://www.iowaStudentLoan.org/nursegrant) or contact the program administrator at Iowa Student Loan at [cweishaar@studentloan.org](mailto:cweishaar@studentloan.org) or (855) 811-9849.

## Section I: Eligibility

Applicants will be considered eligible for a 2015–2016 Nurse Educator Grant if they meet all the following criteria:

- Have previously been approved to receive a Nurse Educator Grant disbursement.
- Are currently enrolled in a graduate-level nursing program.
- Are teaching classroom or clinical nursing classes at or in partnership with an Iowa college or university.
- Intend to pursue a career as a nurse educator at an Iowa college or university.
- Are **NOT** individuals approved for an Iowa Student Loan Nursing Education Loan Forgiveness Program award.
- Are **NOT** employees, or spouses or dependents of employees, of Iowa Student Loan or Aspire Resources Inc.®

## Section II: Awards

Refer to the table below for award information.

Date of First Award	Award per Academic Term	Maximum Award per Academic Year	Total Maximum Award
July 1, 2014, or later	\$1,500	\$3,000	\$3,000
July 1, 2013 – June 30, 2014	\$1,500	\$3,000	\$6,000
Before July 1, 2013	\$2,000	\$4,000	\$8,000

**Note:** Beginning **Sept. 1, 2016**, all distributions of awarded funds (up to the Total Maximum Award) to approved applicants must be completed within 24 months of the first award disbursement date and all documentation for all disbursements must be submitted no later than Aug. 20, 2017.

A check in the award amount will be sent directly to each recipient at the address provided in the application. Awards cannot be deferred. Iowa Student Loan will also notify the financial aid office at the recipient’s college or university each term the recipient receives an award. Awards are considered a source of financial aid for the specific enrollment term with which it is associated and/or in which it is received.

Tax implications may be associated with the Iowa Student Loan Nurse Educator Grant. Recipients of the grant will be issued any applicable tax forms. Recipients should consult a tax professional to understand any tax implications associated with the grant award.

## Section III: Application

Complete the following pages to be considered for the Iowa Student Loan Nurse Educator Grant. Submit the Applicant Information, Applicant Agreement, Enrollment Certification and Employment Certification to:

Nurse Educator Grant Program Administrator  
Iowa Student Loan  
6775 Vista Drive  
West Des Moines, Iowa 50266-9305  
Fax: (515) 223-9535

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## A. Applicant Information

Have you previously received an Iowa Student Loan Nurse Educator Grant? \_\_\_\_\_

What is your anticipated graduation date? Month: \_\_\_\_\_ Year: \_\_\_\_\_

### Legal Name

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Statement of Purpose for Collecting Your Social Security Number

The principal purposes for collecting the information on this form, including your Social Security number, are to verify your identity, to confirm your eligibility for the grant with your school and/or employer, and for tax reporting purposes. Furnishing the information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of any grant award.

*Permanent Address (School addresses are not acceptable.)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Contact Information

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## B. Applicant Agreement

Indicate your understanding of and agreement to each of the following by signing this form.

- You meet all eligibility requirements listed in Section 1 of this application.
- All required components of the application (including the Applicant Information, Applicant Agreement, Enrollment Certification and Employment Certification) must be complete and received by Iowa Student Loan before an applicant will be considered for an Iowa Student Loan Nurse Educator Grant.
- Applications will be considered on a funds-available basis, using the date a complete application is received by Iowa Student Loan.
- Awards will not be approved for a period of enrollment that has been completed.
- Iowa Student Loan may contact your employer and/or your college or university to verify any information you have provided.
- Award amounts are correspondent with the information provided in Section II of this application.
- Awards may have tax implications. Recipients of the grant will be issued the appropriate IRS Form 1099. Recipients should consult a tax professional to understand any tax implications associated with the grant award.
- Awards are considered a source of financial aid for the specific enrollment term with which it is associated and/or in which it is received.
- The Iowa Student Loan Nurse Educator Grant Program may be modified or discontinued at any time without notice and at the sole discretion of Iowa Student Loan.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

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## C. Enrollment Certification

Your college or university registrar must certify your current enrollment for each term you wish to be considered for the Iowa Student Loan Nurse Educator Grant. Please have your registrar's office complete the following information and submit it to:

Nurse Educator Grant Program Administrator  
Iowa Student Loan  
6775 Vista Drive  
West Des Moines, Iowa 50266-9305

Fax: (515) 223-9535

As a representative of the registrar's office at \_\_\_\_\_, I hereby certify that  
(Name of College or University)

\_\_\_\_\_ is currently enrolled in \_\_\_\_\_ in the graduate-level  
(Name of Applicant) (Number of Credits)

\_\_\_\_\_ program for the term starting \_\_\_\_\_  
(Name of Program) (Beginning Date)

and ending \_\_\_\_\_.  
(End Date)

Anticipated future credits include \_\_\_\_\_ for the \_\_\_\_\_ term.  
(Number of Credits) (Term/Academic Year)

**Note:** If anticipated future credits are unknown, please leave that section blank. A representative of Iowa Student Loan will confirm before disbursing additional grant funds.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Email Address)

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## D. Employment Certification

Your employer must certify that you are working as a nurse educator at or in partnership with an eligible Iowa college or university for each term you wish to be considered for the Iowa Student Loan Nurse Educator Grant. Please have your employer complete the following information and submit it to:

Nurse Educator Grant Program Administrator  
Iowa Student Loan  
6775 Vista Drive  
West Des Moines, Iowa 50266-9305

Fax: (515) 223-9535

I hereby certify that \_\_\_\_\_ is teaching as a \_\_\_\_\_  
(Name of Applicant) (Full-Time/Part-Time)

classroom or clinical instructor as part of the nursing program at \_\_\_\_\_  
(Name of College or University)

The applicant is teaching for the term starting \_\_\_\_\_ and ending \_\_\_\_\_  
(Beginning Date) (End Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Email Address)