



## State Nurse Faculty Service Cancelable Loan Renewal

**BEFORE YOU APPLY PLEASE READ CAREFULLY**

### **Renewal Applicants**

A student must file the application online or in the institution's financial aid office on or before the last day of the academic term (semester or quarter) or the student's withdrawal date, whichever occurs first, in order to be paid for that academic term. The last date of the academic term is the last day of classes or exams for the institution, which occurs later. Supplemental documentation required by the institution or the Commission to support or verify a student's application information may be submitted after the deadline without jeopardizing the student's eligibility.

# NURSE Faculty Service Loan

Georgia Student Finance Commission

## 2008 – 2009 Academic Year • Award Maintenance Application Renewal Transfer

**Note to RENEWAL Applicants:** Our records indicate that you were awarded a Nurse Faculty Service Loan. Recipients of the Nurse Faculty Service Loan are eligible to apply for the remaining balance of their scholarship loan at the end of Spring semester each academic year.

When we have received your completed Award Maintenance application and final notification of your remaining balance from your institution, you will receive an award letter stating the service loan amounts and school terms you have been awarded for the new academic year. Summer semester awards will be available after July 1, 2008.

**Note to TRANSFER Applicants:** Students who wish to transfer their scholarship loan award to another eligible institution must continue to meet the same eligibility requirements. Award amounts will not be adjusted if the transfer institution requires additional hours to complete your program of study.

### PART A: To be Completed by Renewal and Transfer Applicants

**Instructions to Renewal and Transfer Applicants:**

**Please complete items 1-10 and deliver to the Institution's Department of Education for completion of PART B.**

1. Last Name	First Name	M.I.	2. Social Security Number		
3. Permanent Mailing Address (If a P.O. Box, please also provide a street address..)	Number & Street	City	State	Zip Code	4. Area Code & Phone Number (Work) (Home)
5. List two different Georgia references who do not live at your Permanent Home Address: (NOTE: Applications with incomplete references will be returned to the applicant. Please do not list other students.)					
A. Name & Relationship	Street Address	City	State	Zip Code	Area Code & Phone No.
B. Name & Relationship	Street Address	City	State	Zip Code	Area Code & Phone No.
6. Choose any three semesters OR three semesters for which scholarship loan aid is requested and indicate, to the best of your knowledge, the number of hours you plan to enroll each term.					
Semesters: <input type="checkbox"/> <b>Summer 2008</b> (# of Hours _____ ) Loan Period _____		<input type="checkbox"/> <b>Fall 2008</b> (# of Hours _____ ) Loan Period _____		<input type="checkbox"/> <b>Spring 2009</b> (# of Hours _____ ) Loan Period _____	
7. Enter the name of the college or university that you will attend during the semesters checked in item 6 AND the field for which you are requesting loan assistance:				8. Anticipated program completion date (Month, Year)	
College or University:			Field of Study:		

**Student Certification and Authorization:**

I hereby certify the Georgia Student Finance Authority (GSFA) that: (a) I have carefully read the information in this application including the Promissory Note; (b) I understand that I have a legal obligation to repay the loan by service, or if applicable, to repay in cash with interest; (c) I must complete an Award Maintenance application to be considered for annual renewal of funds; (d) The information reported on this application and on any other document or writing furnished in connection with this application for a Nurse Faculty Loan is or will be true, correct, and complete to the best of my knowledge; (e) I authorize release and exchange of information between GSFA and educational institutions, and State and Federal agencies from which student assistance is sought or obtained by me, and agree that such information exchange may include financial, enrollment, academic status, and location information necessary to assure proper administration of student aid programs by State, Federal, and institutional program administrators; (f) I am not obligated to pay a refund on any grant or scholarship previously received under any State of Georgia or Federal program for attendance at any postsecondary educational institution; and (g) I am not in default on any loan and do not owe a balance on a previously defaulted student loan obtained under any State of Georgia or Federal program for attendance at any postsecondary educational institution.

9. X \_\_\_\_\_ Student Signature  
10. \_\_\_\_\_ Date Signed (Month, Day, Year)

### PART B: To Be Completed by the College Education Department

**Note to the Teacher Certification Official of the Department of Education within the approved college or university:**

**Please complete items 11-15 below and forward to your institution's Financial Aid Office for completion and certification.**

11. I hereby certify that the applicant has been admitted into and/or currently enrolled in the teacher education program at this institution in:

Field	Level (Master's, Specialist, Doctorate)	Number of Hours (Transfer Students Only)
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**Teacher Certification Official, Department of Education, Certification:** I certify that the above is true, correct, and complete to the best of my knowledge and belief.

12. _____ Name of Teacher Certification Official (Please Print)	13. <u>X</u> _____ Signature of Teacher Certification Official
14. _____ Title (Please Print)	15. _____ Date Signed (Month, Day, Year)      Telephone Number

**Part C: To be Completed by the Financial Aid Official**

**Note to the Financial Aid Official:**

**Please check this application for completeness and return it to the applicant if incomplete. Otherwise, complete items 16-24 below and forward it to the address indicated below. Photocopy for your file if desired.**

16. Name of School	17. Campus Address (City Only)	18. Federal School Code No.
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**Financial Aid Official Certification**

I certify that the above is true and correct to the best of my knowledge and belief. This student is making satisfactory academic progress in accordance with the Title IV standards and practices of the institution and the Regulations that govern the Nurse Faculty Loan.

19. _____ Name of Financial Aid Official (Please Print)	20. X _____ Signature of Financial Aid Official	
21. _____ Title (Please Print)	22. _____ Date Signed (Month, Day, Year)	_____ Telephone Number

**PLEASE FORWARD COMPLETED APPLICATION TO:**

**Georgia Student Finance Commission  
2082 East Exchange Place, Suite 100  
Tucker, GA 30084**

**Toll Free in Georgia: 1-800-505-GSFC**

**PROCESSING SECTION: FOR GSFA USE ONLY**

Total COA:	\$ _____		
Non-Repayable Aid Reported <\$ _____>			
Remaining Cost:	\$ _____		
<b>Scheduled Disbursements</b>			
Summer 2008	\$ _____	_____	_____
Fall 2008	\$ _____	_____	_____
Spring 2009	\$ _____	_____	_____
Total	\$ _____	_____	_____
Approved _____ Date _____	(Rev.) _____	(Rev.) _____	