

NURSE Faculty Service Loan

Georgia Student Finance Commission

2006 – 2007 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, 2006.

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"/> Summer 2006 (# of Hours _____) | | <input type="checkbox"/> Fall 2006 (# of Hours _____) | | <input type="checkbox"/> Spring 2007 (# of Hours _____) | |
| Loan Period | | Loan Period | | 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 | |
| College or University: | | | Field of Study: | | (Month, Day, Year) |

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) |
|-------|---|--|

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.

| | | |
|--------------------------|--------------------------------------|-----------------------------------|
| 12. Name of School _____ | 13. Campus Address (City Only) _____ | 14. Federal School Code No. _____ |
|--------------------------|--------------------------------------|-----------------------------------|

15. Estimated Cost of Attendance for the item(s) designated in item 6.

- Tuition (the standard tuition costs charged to students for full-time instruction) and fees \$ _____
- Other costs for books, supplies, room and board, transportation, and personal expenses \$ _____

TOTAL COST OF ATTENDANCE \$ _____

16. Estimated **non-repayable** financial aid for the item(s) designated in item 6. (Do **not** list loan assistance or employment income.)

| | |
|--|-----------------|
| Name of Program _____ | \$ _____ |
| Name of Program _____ | \$ _____ |
| Name of Program _____ | \$ _____ |
| Name of Program _____ | \$ _____ |
| TOTAL NON-REPAYABLE FINANCIAL AID | \$ _____ |

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.

| | | |
|--|---|--|
| 17. _____ Name of Financial Aid Official (Please Print) | | 18. X _____ Signature of Financial Aid Official |
| 19. _____ Title (Please Print) | 20. _____ 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: | \$ | _____ |
| Scheduled Disbursements | | |
| Summer 2006 | \$ | _____ |
| Fall 2006 | \$ | _____ |
| Spring 2007 | \$ | _____ |
| Total | \$ | _____ |
| Approved _____ | Date _____ | (Rev.) _____ |
| | | (Rev.) _____ |