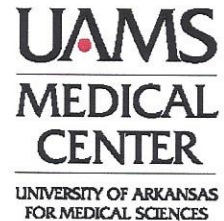


**Nurse Recruitment**

4301 W. Markham, # 526  
Little Rock, Arkansas 72205-7199  
501-686-5691  
501-686-5698 (Fax)  
[www.uams.edu/don](http://www.uams.edu/don)  
EOE/Drug/Smoke Free Work Place



Date: November 1, 2013

To: Dean/Chair  
Schools of Nursing

From: Susan Erickson, RN, MNSc, BC - NA, CHCR *SE*  
Recruitment and Retention Officer

Re: Nursing Loan Program

I wanted to take this opportunity to notify your faculty and students, webmaster and Financial Aid Office that our Nurse Recruitment Loan Assistance Program was revised to only offer nursing students enrolled in a BSN nursing program to apply for up to \$5000 of assistance. Although this information can be located on our website @

**[www.uams.edu/don](http://www.uams.edu/don)**

I have enclosed a hard copy of the application outlining program requirements and supporting documentation for the SPG, 2014 semester. I would appreciate you posting this information for your faculty, students and the Financial Aid Office as the deadline is fast approaching, December 1.

If I can be of further assistance, please do not hesitate to contact me at 501-686-7144. I appreciate your attention to share this opportunity and I look forward to hearing from your students.

SE/sg  
11/13

Encl. (2)

cc: Caroline Garcia  
Tammy Jones

## Nurse Recruitment Student Loan & Student Loan Payback Application

All applicants must be either a full-time student on the basis of 10 hours per semester or a part-time basis of at least 5 hours per semester.

### STUDENT LOAN:

#### 1. Nursing Students

- a. Acceptance into a state approved school of registered nursing.
- b. Completion of the first semester, Junior year in a Bachelor's program.
- c. Cumulative grade point average of 2.8 or above on a scale of 4.0.
- d. Faculty Letter of Support to include:
  - Performance Indicators r/t Professional Development, Leadership, Evidenced-based Practice and/or Community Service.
  - Confirmation of no disciplinary actions.
- e. Upon graduation, required to work full-time at UAMS Medical Center as a registered nurse for a period of six (6) months for each semester of assistance (minimum one year obligation required) or repay in full the total amount.

#### 2. Licensed Nurses

- a. One (1) year full-time UAMS Medical Center service required.
- b. Current unencumbered Arkansas nursing license.
- c. Acceptance into a state approved \*Bachelor's or \*Graduate (if required for position) program in nursing or health related field (justification statement to validate how degree will benefit position required).  
*\*excluded if receiving 90% UA tuition discount*
- d. Copy of last performance evaluation and goals. Portfolio upon request.
- e. Manager Letter of Support to include:
  - Performance Indicators r/t Professional Development, Leadership, Evidenced-based Practice and/or Community Service.
  - Confirmation of no active disciplinary actions.
- f. Required to work full-time at the UAMS Medical Center as a registered nurse for a period of six (6) months for each semester of assistance (minimum one year obligation required) or repay the total amount.

### STUDENT LOAN PAYBACK:

Licensed nurses required to complete additional *Student Loan Payback form* in addition to below:

#### 1. Licensed Nurses

- a. thru f. as stated under 2. left side except for:
- c. Graduate of a state approved Bachelor's or Graduate (if required for position) program in nursing or health related field (justification statement to validate how degree will benefit position required).

The UAMS Medical Center Nurse Recruitment Student Loan & Student Loan Payback Programs have been designed to award assistance, up to \$1,250 per semester of full-time study and renewable for a maximum total of \$5,000, to a limited number of applicants.

### APPLICATION REQUIREMENTS:

#### 1. Application/Financial Request Deadlines:

July 1 — Fall Semester  
December 1 — Spring Semester

#### 2. Applicants Must Also Submit:

- a. Cumulative GPA - official grade report or transcript.
- b. Official School Enrollment - registration receipt or confirmation letter.
- c. Completed and signed application with required documentation to address below by **application deadline**:

Nurse Recruitment Office  
4301 W. Markham St., #526  
Little Rock, AR 72205

(501) 686-5691  
Fax (501) 686-6091  
[www.uams.edu/don](http://www.uams.edu/don)

Finalists will be contacted to schedule an interview after applicable deadline.

Recipients who are not selected may reapply.

# UAMS Nurse Recruitment MEDICAL CENTER Student Loan & Student Loan Payback Application

UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

Name of Applicant:

Last First Middle

Local/Permanent Address (circle one):

Address

City County State Zip Code

Home Telephone: \_\_\_\_\_

Alternative: \_\_\_\_\_

E-mail: \_\_\_\_\_

Last 4 digits of Social Security No.: XXX-XX- \_\_\_\_\_

Nursing School: \_\_\_\_\_

Address

City County State Zip Code

Type of Nursing Program: ☐ BSN ☐ Graduate

Date you began nursing school: \_\_\_\_\_  
Month Year

Predicted date of graduation: \_\_\_\_\_  
Month Year

Number of semester hours you take this semester: \_\_\_\_\_

Year(s) and semester(s) for which you are requesting assistance:

RETROACTIVE		CURRENT		FUTURE	
Year	Semester	Year	Semester	Year	Semester

Note: **Retroactive** applies (1 semester only).

Have you ever been or currently employed at UAMS?

☐ Yes ☐ No

If yes, indicate:

Job Title

Department/Manager

Dates of Employment

**I understand** for any assistance I receive, I will be obligated to a minimum of one year of full-time employment as a registered nurse at UAMS Medical Center.

**I understand** for every \$1,250 of assistance over \$2,500, I will be obligated to an additional six (6) months of full-time employment as a registered nurse at UAMS Medical Center.

**I understand** the maximum amount of assistance is \$5,000.

**I fully intend** to fulfill these obligations of service to the UAMS Medical Center.

**I also understand** that misrepresentation or omission of information is cause for cancellation of this application and immediate *repayment of the total amount*. I am willing to sign a loan agreement form, and I hereby grant the UAMS Medical Center permission to verify the information presented.

**NOTE:** If selected, continued financial assistance must be requested in writing each semester. Regardless of financial requests, a copy of grade report is required each semester to validate maintenance of required GPA.

Signature

Date



**UAMS** Nurse Recruitment  
**MEDICAL** Student Loan & Student  
**CENTER** Loan Payback Application

UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

Name:

\_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month Day Year

Sex: ☐ Male ☐ Female

Are you handicapped? ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No

If no, are you an alien lawfully authorized to work in the U.S.? \_\_\_\_\_

If no, indicate visa status and expiration date: \_\_\_\_\_

If permanent resident, submit card to copy.

Please provide the following additional information:

1. Fluent in Spanish (both written/verbal)? ☐ Yes ☐ No

2. Currently receiving scholarship support? ☐ Yes ☐ No

If yes, type/amount? \_\_\_\_\_

Currently receiving financial support? ☐ Yes ☐ No

If yes, type/amount? \_\_\_\_\_

Current Outstanding Student Loan debt? ☐ Yes ☐ No

If yes, type/amount? \_\_\_\_\_

3. Adjusted Gross Income Previous Year? \_\_\_\_\_  
(maybe asked to provide tax return)

4. Length in years/months of Arkansas residency? \_\_\_\_\_

5. Length in years/months of UAMS employment? \_\_\_\_\_  
(indicate NA if non-applicable)

6. How would you define Diversity? \_\_\_\_\_

The information requested below is solely for the use of satisfying the reporting requirements of various government agencies and civil rights laws. This information will be maintained separately from your application form and will not affect the awards decision.

Please circle one abbreviation:

W White/Other  
B Black  
H Hispanic  
NH Non-Hispanic  
AA Asian American  
AI American Indian  
MR Mixed Race  
NA Prefer not to answer

Please circle one number, if applicable:

1 Veteran  
2 Disabled Veteran

How did you learn of the UAMS Nurse Recruitment Loan/ Student Loan Payback Programs?

- ☐ Fellow Student  
☐ Radio  
☐ Financial Aid Officer  
☐ UAMS Medical Center Recruiter  
☐ UAMS Medical Center Employee  
☐ Newspaper  
☐ Dean of Nursing / Faculty  
☐ Other Nurse Recruiter  
☐ Internet

Signature \_\_\_\_\_




Date \_\_\_\_\_



## Nurse Recruitment Student Loan & Student Loan Payback Programs

Faculty's Letter of Support: Student applicants only

***Applicant must have validation of at least 4 performance qualifiers***

***Student cannot have any disciplinary actions on file and be in good standing with the college***

Student:		Position At College:	
Please add a specific name, role, program title, etc., for <u>each</u> check marked below.		Submission Date:	
	<b>Professional/Clinical Development</b>		
	Membership in NSNA		
	Participation in Leadership – U: list specifics		
	SCHOLASTIC NON-COGNITIVE PERFORMANCE STANDARDS (Student Handbook) Good or Superior Level (>75% compared to classmates ): circle		
	Other Qualifier: list specifics		
	<b>Contribution to the Development of Others</b>		
	Mentoring/Resource for Other Students: name of student/grade		
	Leading Study Groups: list title, date and number of students		
	Participate in New Student Orientation: list date/grade		
	Other Qualifier: list specifics		
	<b>Leadership</b>		
	Class Officer, Committee Chair or Project Coordinator: list title/grade		
	Sigma Theta Tau or Honor Student: circle all that apply & induction date		
	Board member of nursing, healthcare or non healthcare organizations: title of organization and function		

	<b>Evidence-based Practice (EBP)</b>
	Literature Review: list title and date
	Poster Presentation or Presenter: list title, date and venue
	Involvement in EBP or Research or Performance Improvement Projects: list title, date and venue
	Other qualifier: list specifics
	<b>Community Activities</b>
	Individual Community Service (Health Fairs, Expo, etc.): list date, venue and function
	Ambassador for College of Nursing/UAMS: list date, name and venue
	Participation associated with nursing, healthcare or non-healthcare organizations: Title, date and function
	Other qualifier: list specifics

*I attest that I have evidence to support the qualifiers indicated above and can provide such evidence if requested and I have no active/pending/previous disciplinary actions.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

SE/dt

10/11