



Nurse Recruitment Loan Application Information

The UAMS Medical Center Nurse Recruitment Loan Program has 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.

ELIGIBILITY REQUIREMENTS:

1. Nursing Students

- a. Acceptance into a state approved school of registered nursing on either a full-time basis of 10 hours per semester or part-time basis of at least six hours per semester.
- b. Completion of the first level of the nursing curriculum in a Diploma program, the first semester of the nursing curriculum in an Associate's program, or the basic educational requirements for admission into a Bachelor's program.
- c. Cumulative grade point average of 2.8 or above on a scale of 4.0 in the basic or nursing curriculum.
- d. Required to work full-time at UAMS Medical Center, hospital only, 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.

2. Registered Nurses

- a. Current Arkansas licensure as a registered nurse.
- b. Acceptance into a state approved Bachelor's program in nursing.
- c. Cumulative grade point average of 2.8 or above on a scale of 4.0 in the basic or nursing curriculum.
- d. Required to work full-time at the UAMS Medical Center, hospital only, 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.

APPLICATION REQUIREMENTS:

1. Application/Financial Request Deadlines:

July 1 — Fall Semester

December 1 — Spring Semester

2. Applicants Must Submit:

- a. Cumulative GPA - official grade report or transcript.
- b. Official School Enrollment - acceptance letter, registration receipt or 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) 686-5693
Fax (501) 686-5698
www.uams.edu/don

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

Recipients who are not selected may reapply.



Nurse Recruitment Loan Application Information

Name of Applicant:

Last First Middle

Local/Permanent Address (circle one):

Address

City State Zip Code

Home Telephone: _____

Alternative: _____

E-mail: _____

Social Security No.: _____

Nursing School: _____

Address

City State Zip Code

Type of Nursing Program: Diploma AD BSN

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 employed at UAMS Medical Center?
 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, hospital only.

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, hospital only.

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

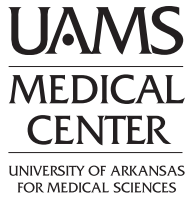
I fully intend to fulfill these obligations of service to the UAMS Medical Center, hospital only.

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



Nurse Recruitment Loan Application Information

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.

Name:

Last First Middle

Date of Birth: _____
Month Day Year

Sex: Male Female

Social Security No.: _____

Are you handicapped? _____

Are you a U.S. citizen? _____

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 circle one abbreviation:

- W White/Other
- B Black
- HIS Hispanic
- AA Asian American
- AI American Indian

Please circle one number, if applicable:

- 1 Veteran
- 2 Disabled Veteran
- 3 Vietnam Era Veteran
- 4 Disabled Vietnam Era Veteran

How did you learn of the Nurse Recruitment Loan Program?

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

Signature

Date