

# MONTANA INSTITUTIONAL NURSING INCENTIVE PROGRAM



## PROGRAM APPLICATION AND INSTRUCTIONS

Applications for the Montana Institutional Nursing Incentive Program are reviewed and considered once each year. **The current application cycle is now open with an application deadline of June 12, 2020.** Late and/or incomplete applications will not be considered. It is the applicant's responsibility to ensure all items are received by the Office of the Commissioner of Higher Education (OCHE) by the stated deadline. The number and amount of awards is determined based upon the pool of eligible applicants and available state funding. Eligible applicants can apply for program benefits for a maximum of four years; maximum program benefit amounts are established during the first application year and are based on the outstanding nursing education loan balances at that time. Please refer to 20-26-1511, MCA for further information regarding this program.

To qualify for loan repayment consideration, you must:

- Be a registered professional nurse licensed by the Montana Board of Nursing, pursuant to § 37-8-406, MCA, who is employed full-time by either the Montana State Prison or the Montana State Hospital. Priority is given to professional nurses who have been employed for a period of at least one year. The *Employment and Nursing License Verification Affidavit* is to be completed by your employer's Human Resource Department and must accompany your application materials when submitted to OCHE.
- Submit proof of your nursing educational loans and have an existing loan balance of at least \$1,000.00. "Educational loans" for this purpose shall mean any loan made to the student pursuant to a federal or private educational loan program, except federal parent PLUS loans for undergraduate students, as provided in 20 USC § 1078-2. Personal private loans do not qualify for loan repayment. Only loans incurred specifically for nursing education qualify for loan repayment. For consolidated loans, documentation from the lender or loan servicer outlining the individual loan numbers, loan dates, and loan amounts that were included in the consolidation are required. The *Loan Information and Verification Form* must be completed by both you and your lender/loan servicer. Attach a current loan statement of account to each loan verification form being submitted.

**NOTE:** Qualified nursing education loans being repaid under any other loan repayment program are not eligible for repayment under the Montana Institutional Nursing Incentive Program. Do not apply for state loan repayment for any loans being paid by another loan repayment program.

**Mail completed applications to:**

OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION  
MONTANA UNIVERSITY SYSTEM  
ATTN: SHEILA NEWLUN  
560 N PARK AVENUE, PO BOX 203201  
HELENA, MT 59620-3201

**2020 APPLICATION DEADLINE – JUNE 12, 2020**

Fully completed applications must be received NOLATER THAN CLOSE OF BUSINESS ON JUNE 12, 2020  
(5:00PM Mountain Time) at the physical address listed above.

**No Late or Incomplete Applications Will be Considered**

## APPLICANT CHECKLIST AND INSTRUCTIONS

### Application Materials to be completed by nursing applicants\*:

- Page 1 of the Montana Institutional Nursing Incentive Program Application Form
- Page 1 (Part A) of the Loan Information and Verification Form
  - Please complete a separate copy of this form for each loan you are submitting for repayment consideration under the Montana Institutional Nursing Incentive Program.
  - Upon completion of Part A, send this form to your lender for their completion of Part B. Once completed, please have them return the form back to you. Submit both completed forms (Part A and Part B) with a copy of your current statement of account for each loan and other application materials.
  - If you have consolidated your loans for undergraduate and graduate nursing education costs, you must also attach documentation from the lender or loan servicer outlining the individual loan numbers, loan dates, and loan amounts that were included in the consolidation.

**\*Additional documents may be requested if necessary upon initial review of your application.**

### Application Materials to be completed by Employing Facility Human Resource Department and returned to applicant for submission with application:

- Page 2 of the Montana Institutional Nursing Incentive Program Application Form verifying employment and state nursing license

### Application Materials to be completed by Lending Institution/Loan Servicer and returned to applicant for submission with application:

- Page 2 (Part B) of the Loan Information and Verification forms for each nursing education lender/loan servicer
- For Consolidation Loans – provide a listing of each individual loan included in the consolidation as well as the individual loan numbers, loan amounts, and corresponding original loan disbursement dates
- Form W-9 for the lender/loan servicer payee; required for payment processing

**The lending institution/loan servicer should return all above items to the applicant to be submitted with their application.**

### Instructions:

1. Complete all application materials clearly and thoroughly. Do not leave information blank. **Incomplete applications will not be considered.**
2. Make sure your completed application packet includes all of the following materials:
  - Page 1 and Page 2 of the Montana Institutional Nursing Incentive Program Application
  - Part A and Part B of each Loan Information and Verification Form being submitted including,
    - A copy of your current statement of account for each lender/loan servicer
    - For consolidated loans, a listing of each individual loan contained in the consolidation as well as the individual loan numbers, loan amounts, and corresponding original loan disbursement dates
    - Form W-9 completed by the lender/loan servicer; required for payment processing
3. Print legibly in blue or black ink or enter your information directly into the application and loan information and verification forms using the PDF forms provided.
4. Include your last, first, and middle name; **full middle name is required.** If your legal name does not include a middle name, please indicate “No Middle Name”, **DO NOT LEAVE BLANK.**
5. Current mailing address and telephone number must reflect where **you** can be reached throughout the entire application year. If you move or your contact information changes, please notify our office immediately via email to: [snewlun@montana.edu](mailto:snewlun@montana.edu). **Tax documents will be mailed to you at the beginning of the next calendar year so it is important that you notify us regarding any address and contact information changes as they occur.**

**FULLY COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN CLOSE OF BUSINESS ON JUNE 12, 2020 AT THE ADDRESS LISTED ON THE PREVIOUS PAGE (BY 5:00 P.M. MOUNTAIN TIME)**

**MONTANA INSTITUTIONAL NURSING INCENTIVE PROGRAM  
APPLICATION FORM - SECTION 1  
(TO BE COMPLETED BY NURSE APPLICANT)**

NAME: \_\_\_\_\_  
*(Last) (First) (Middle) (Maiden)*

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ BUSINESS NAME & ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

HIGH SCHOOL GRADUATION: \_\_\_\_\_  
*(Name and Location of High School) (Graduation Date)*

SCHOOL ATTENDED FOR NURSING EDUCATION: \_\_\_\_\_  
*(Name and Location of School)*

DATES ATTENDED: \_\_\_\_\_ DEGREE AWARDED: \_\_\_\_\_ AWARD DATE: \_\_\_\_\_

**EXISTING NURSING EDUCATIONAL LOANS:**

<u>Name of Lending Institution</u>	<u>Mailing Address</u>	<u>Phone Number</u>	<u>Account Number</u>	<u>Account Balance</u>

**A separate loan verification form must be completed for each lender/loan servicer being submitted for loan repayment consideration.**

STATE FACILITY CURRENTLY EMPLOYED AT:  Montana State Prison  Montana State Hospital

HAVE YOU APPLIED FOR OR ARE YOU CURRENTLY RECEIVING LOAN REPAYMENT BENEFITS FOR THESE LOANS FROM ANY OTHER PROGRAM?  Yes  No

If yes, please indicate the name of the program and date upon which participation/obligation started and will end.

\_\_\_\_\_  
*(Name of Program) (Start Date) (End Date)*

**NOTE: Qualified nursing education loans being repaid under any other loan repayment program are not eligible for repayment under the Montana Institutional Nursing Incentive Program. Do not apply for state loan repayment for any loans being paid by another loan repayment program.**

I certify that the information contained on this application is true and correct. I understand that I am not guaranteed an award and that I have the specific responsibility of re-applying for the Institutional Nursing Incentive Program each year in order to receive consideration. I also grant the financial institution listed on the loan verification form to release all information regarding my student loan(s) to the Office of the Commissioner of Higher Education.

\_\_\_\_\_  
*(Signature of Nurse) (Date)*

