

UNIVERSITY OF GUAM
FINANCIAL AID OFFICE
STUDENT FINANCIAL ASSISTANCE PROGRAM
ACADEMIC YEAR 2009-2010

NURSING TRAINING PROGRAM

INSTRUCTIONS TO APPLICANT

These instructions are for the Nursing Training Program as mandated by Title 17 of the Guam Code Annotated (GCA), Chapter 15 for undergraduate studies on Guam. Please read these instructions carefully. **If your application and supporting documents are INCOMPLETE, it will not be submitted to the Board of Regents Scholarship Committee for consideration.**

PURPOSE

The Nursing Training Program is designed to prepare nursing students for the public health system, including Guam Memorial Hospital, Public Health and Social Services, and the Department of Mental Health and Substance Abuse, as a school health counselor in Department of Education or Guam Community College, or private clinics licensed to do business on Guam; and to continue employment for a period of time equal to the period of training in the program. Priority will be given to persons demonstrating intent to remain on Guam after graduation, even beyond the normal period required for repayment through service obligation, as required by 17 GCA Section 19104.

THE NURSING TRAINING PROGRAM APPLICATION FORM

1. You must complete all sections and sign the application form. Please do not leave any sections blank. If the section does not apply to you, please indicate with a "N/A" or "none".
2. You must sign the application form. Obtain your parent's signature if you are a minor.
3. You must have the application **NOTARIZED**. Please note that the Notary Public will require your signature in his/her presence and may require a fee.
4. You must submit the completed application form and all required documents to the Financial Aid Office, located at the University of Guam Field House by **APRIL 30, 2009 by the close of business 5:00 p.m. Applications submitted by mail must be postmarked on or before April 30, 2009.**

APPLICATION AND REQUIRED DOCUMENTS

Please complete the following sections on the application form attached. You must also submit the required documents to support the information given.

SECTION 1: PERSONAL DATA

PROOF OF U.S. CITIZENSHIP or PERMANENT RESIDENT ALIEN

- a) You must submit a copy of your official birth certificate and a copy of your passport;
- b) If you are a permanent resident alien, submit a copy of your permanent resident alien card, a copy of your official birth certificate, and a copy of your U.S. passport.
- c) If you are a naturalized citizen, submit a copy of your official birth certificate and a copy of your certificate of naturalization.

SECTION 2: EDUCATIONAL DATA

CERTIFICATION LETTER FROM COLLEGE OF NURSING

- a) You must submit a certification letter from an academic dean/advisor from the School of Nursing, certifying that you have completed all of the pre-nursing requirements and that you have been admitted **or** are eligible for admission into the undergraduate nursing degree program.

OFFICIAL ACADEMIC TRANSCRIPT(S)

- a) You must submit an official academic high school transcript; and
- b) You must also submit an official academic college transcript(s) of all institutions attended, beyond high school.

SECTION 3: COST OF ATTENDANCE

- You must **COMPLETE** this section. You may estimate the cost.

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APPLICATION AND REQUIRED DOCUMENTS (Continued)

SECTION 4: FINANCIAL AID INFORMATION

- [] You must provide a copy of your **FINANCIAL AID AWARD LETTER for AY 2009-2010** from the off-island institution, where you have been accepted for the upcoming academic year.

SECTION 5: STATEMENT OF RESIDENCY

[] **PROOF OF ONE-YEAR GUAM RESIDENCY**

You must submit **ONE OR MORE** of the following:

- a) Copies of personal and/or parent's income tax forms filed and stamped received by the Department of Revenue and Taxation for 2008*; or a certified statement from Department of Revenue and Taxation.
- b) Applicants under Public Assistance may submit a certified statement indicating period of assistance from agencies providing assistance.
- c) Voter registration for the last two (2) recent elections certified by Guam Election Commission {i.e. 2006 & 2008}.
- d) If the applicant is eighteen (18) years or younger, must provide an official transcript from the Department of Education Middle School or Guam Private Elementary/Middle School.

*Applicant must be listed on all documents submitted by parents or guardians.

ADDITIONAL DOCUMENTS REQUIRED FOR IN-SERVICE TRAINEE APPLICANTS

[] **VERIFICATION OF EMPLOYMENT**

a) Applicant must provide a current verification of employment within the Government of Guam agency, certifying your position, classification status, and employment period, to meet the in-service nursing trainee criteria. Should there be any questions or clarification needed to obtain this information, you and/or employer will be contacted to assist in providing the necessary information.

[] **NURSING LICENSE**

a) You must provide a photocopy of your nursing license.

PRELIMINARY SCREENING AND SELECTION(S):

If your application and the required documents are COMPLETE, the Financial Aid Office will review your application and forward their recommendation(s) to the Board of Regents Scholarship Committee. The Scholarship Committee will then forward their recommendation(s) to the full Board of Regents, for final action, at their regular meeting. You will be notified, in writing, of the Board's decision on your application (around September/October for the Academic year of application). If your application is approved, you will be required to sign and submit a NURSING TRAINING PROGRAM AGREEMENT and attend a MANDATORY PRE-AWARD ORIENTATION before any funds can be disbursed.

APPLICATION DEADLINE: APRIL 30, 2009

FOR ADDITIONAL INFORMATION, YOU MAY CONTACT THE FOLLOWING OFFICES:

Financial Aid Office	Telephone No.: (671) 735-2288/2297	Fax No.: (671) 734-2907
School of Nursing	Telephone No.: (671) 735-2650/1	Fax No.: (671) 734-2906

UNIVERSITY OF GUAM
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ACADEMIC YEAR 2009-2010

NURSING TRAINING PROGRAM
INFORMATION

DEFINITION

The following terms whenever used in these regulations shall have the meaning indicated herein, except when the text otherwise requires:

1. Awards: all awards for the Nursing Training Program.
2. Board: the Board of Regents of the University of Guam.
3. Bona Fide Resident: a United States citizen or a permanent resident alien having resided on Guam for a continuous period of at least one year prior to application, and whenever he/she is absent from Guam, he/she has the intention to return. 3 GCA Section 9124.
4. In-Service Trainees: Any non-contract professional or practical nurse employed by the government of Guam in a permanent position, who is a U.S. citizen and a bona fide resident of Guam, who lacks not more than two (2) years or their equivalent in requirements for a nursing degree.

ELIGIBILITY REQUIREMENTS

1. You must be a bona fide resident of Guam for at least one year prior to the academic semester or term the student is admitted, registered, and enrolled in the program, and a citizen of the United States or a permanent resident alien.
2. You must have completed high school or its equivalent.
3. You must have satisfactorily completed all pre-nursing program requirements and be recommended by the appropriate authority in the School of Nursing, who will certify that you have been admitted or are eligible for admission into the undergraduate nursing degree program (Associates or Bachelors).
4. You must be accepted to the University of Guam as a full-time student to register for a minimum of 12 credit hours each semester and a minimum of 6 credit hours during summer session (optional).
5. For in-service trainee applicant, he/she must be employed currently as a permanent non-contract professional or licensed practical nurse of the Government of Guam who lacks not more than 2 years or their equivalent in requirements for a degree in nursing.

BENEFITS

1. Registration, tuition, and fees normally assessed a student in the Fall/Spring semesters; Summer benefits applicable.
2. Books and supplies at \$250 for each regular semester; and \$100 for summer semester.
3. A monthly allowance at the following rates: Freshman-\$250; Sophomore-\$375; Junior-\$500; Senior/2nd step- \$625.

REPAYMENT OBLIGATION

1. Be employed for a period of one (1) year for each year of benefits received. Employment shall commence within six (6) months after the completion of studies.
2. Any loan found to be forfeited shall be immediately due and payable monetarily.

PROHIBITIONS

1. No awards shall be granted to recipients applying for a 2nd masters or doctorate degree.
2. No awards shall be granted for the purpose of pursuing theological studies.
3. No money may be expended for awards unless such awards are authorized by the Board through Resolution.
4. No person receiving benefits under one subchapter of Division 3, GCA Title 17 shall be entitled to benefits under any other subchapter, and no person receiving benefits under any other teacher training, in-service training program or other Government of Guam educational program shall be entitled to benefits provided under the Nursing Training Program (Chapter 19).

SELECTION OF TRAINEES (Public Law 26-09)

"The program shall be open to any student who has completed high school, or is otherwise declared by the University of Guam as eligible for admission to the program; who is a United States citizen or permanent resident alien; and who has been a resident of Guam for at least one (1) year prior to the beginning of the academic semester or term the student is admitted, registered and enrolled in the program. The number of trainees who may enroll in the program annually shall be limited only by the capacity of the University of Guam and by funds made available to it by annual appropriation. In the event of limited space and/or funds, priority shall be given to students at the highest level of training and closest to the completion of their program."

IN-SERVICE TRAINING FOR RESIDENT NURSES (2ND Step Nurses) (Public Law 26-22)

"Any non-contract professional or practical nurse employed by the government of Guam in a permanent position, who is a U.S. citizen and a bona fide resident of Guam, who lacks not more than two (2) years or their equivalent in requirements for a degree in nursing shall be entitled to enroll at the University of Guam for the purpose of completing work toward such degree as an in-service training program, whereby the recipient continues to receive the recipient's regular salary from the government of Guam, including all scheduled pay increases, so long as the recipient maintain passing work at the University of Guam, and so long as the program leading to the issuance of the degree in nursing is pursued; provided, however, that no person shall participate in such in-service program in excess of two (2) years or their equivalent. Every person who participates in such program shall be obligated to work for the government of Guam for a period of two (2) years for each year of training received, failing which the recipient shall be liable to repay the cost of the recipient's training to the government."

BOARD OF REGENTS

UNIVERSITY OF GUAM

Student Financial Assistance Program
 UOG STATION • MANGILAO, GUAM 96923

APPLICATION FOR NURSING TRAINING PROGRAM

Please use typewriter or block letters in ink. Submit the completed application to the Financial Aid Office, located at the University of Guam Field House, on or before APRIL 30, 2009. LATE and INCOMPLETE applications and those without supporting documents WILL NOT be considered. Refer to INSTRUCTIONS TO APPLICANTS accompanying this application form.

SECTION 1: PERSONAL DATA

APPLICANT'S NAME:		CITIZEN OF THE UNITED STATES:	
LAST	FIRST	MIDDLE	[] BY BIRTH [] BY NATURALIZATION
SOCIAL SECURITY NO.:		If you are a naturalized citizen, please provide the information requested below. Present your naturalization certificate when you submit your application.	
DATE OF BIRTH:	PLACE OF BIRTH:		
SEX:	MARITAL STATUS:		
MAILING ADDRESS:		Certificate No.: _____	
PERMANENT HOME ADDRESS:		Date: _____	
EMAIL ADDRESS:		Place of Naturalization: _____	
PLACE OF RESIDENCE:		FOR PERMANENT RESIDENT ALIENS:	
TELEPHONE NO.:	Alien Registration No.: _____		
YOUR POSITION TITLE:		Date: _____	
NAME OF EMPLOYER:		Country of Citizenship: _____	
TELEPHONE NO.:	Resident of Guam since (month/year): _____		
SPOUSE'S NAME:		SPOUSE'S OCCUPATION•EMPLOYER•WORK PHONE:	
FATHER'S NAME:		FATHER'S OCCUPATION•EMPLOYER•WORK PHONE:	
MOTHER'S NAME:		MOTHER'S OCCUPATION•EMPLOYER•WORK PHONE:	
PARENT'S MAILING ADDRESS:		PARENT'S CONTACT NO.:	

SECTION 2: EDUCATIONAL DATA

<input type="checkbox"/> ASSOCIATES IN NURSING (ADN)	<input type="checkbox"/> GENERAL BSN	MINOR:	
<input type="checkbox"/> 2 ND STEP (IN-SERVICE)			
STUDIES TO COMMENCE: (Circle One) Fall Winter Spring		CLASS LEVEL: (AY 2009-2010)	GRADUATION DATE:
<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter	_____ Academic Year	

A HIGH SCHOOL TRANSCRIPT AND YOUR MOST RECENT OFFICIAL COLLEGE TRANSCRIPT IS REQUIRED. PLEASE SUBMIT AN OFFICIAL TRANSCRIPT FROM EACH POSTSECONDARY INSTITUTION ATTENDED.

HIGHEST DEGREE EARNED _____ DATE EARNED _____ MAJOR PROGRAM _____
 FROM (Name, address of college/university) _____

If you attended other higher education institutions, please provide the information below along with the official transcript(s).

NAME & LOCATION OF INSTITUTION	PERIOD OF ATTENDANCE	DEGREE OR CREDIT HOURS EARNED	MAJOR

SECTION 3: COST OF ATTENDANCE

SECTION 4: FINANCIAL ASSISTANCE VERIFICATION

AMOUNT REQUESTED FOR THE ACADEMIC YEAR		Please check off the following financial aid programs that you will be applying for or receiving: Federal Programs: <input type="checkbox"/> /Pell Grant <input type="checkbox"/> /SEOG <input type="checkbox"/> /LEAP <input type="checkbox"/> /Direct/Stafford Loan <input type="checkbox"/> /Federal Work-Study <input type="checkbox"/> /VA Benefits _____ (type) <input type="checkbox"/> /National ROTC Scholarship <input type="checkbox"/> /Military Tuition Assistance _____ (type) <input type="checkbox"/> /Other _____ GovGuam Programs: <input type="checkbox"/> /Undergraduate Student Loan Off-Island _____/UOG <input type="checkbox"/> /Graduate Student Loan Off-Island _____/UOG <input type="checkbox"/> /Merit Off-Island _____/UOG <input type="checkbox"/> /Nursing Training Scholarship Program <input type="checkbox"/> /Yamashita Educator Corp <input type="checkbox"/> /BOR ROTC Scholarship <input type="checkbox"/> /Pedro "Doc" Sanchez Program <input type="checkbox"/> /Professional/Technical Award <input type="checkbox"/> /Tuition Credit _____ (type) <input type="checkbox"/> /Other _____
TUITION FEES:	\$	
OTHER FEES (Specify):		
(a)		
(b)		
(c)		
(d)		
SUB-TOTAL	\$	
ROOM AND BOARD		
BOOKS		
EDUCATIONAL SUPPLIES		
MISCELLANEOUS		
SUB-TOTAL	\$	
TOTAL REQUESTED	\$	

NOTE: Please provide a financial aid award letter from the institution you plan to attend and indicate your decision to accept or decline the award(s).

Have you received Government of Guam Assisted Scholarship/Loan before this Academic Year? Yes No

If yes, (name of program) _____

When? _____

SECTION 5: STATEMENT OF RESIDENCY. (This section must be signed in the presence of a Notary Public)

I, _____, Social Security No. _____, do hereby declare that I am a:

- CITIZEN OF THE UNITED STATES BY BIRTH
- CITIZEN OF THE UNITED STATES BY NATURALIZATION
- PERMANENT RESIDENT ALIEN

Residing in _____, Island of Guam; that I was born in _____ on _____

(Village) (City, State)

_____ ; that I have resided in Guam since _____ ; that I intend to remain in and as

(Date of Birth) (Date)

a legal resident of Guam indefinitely; and that I am not a resident of any other territory or any state or foreign country.

 PARENT'S OR GUARDIAN'S SIGNATURE DATE: _____ APPLICANT'S SIGNATURE DATE: _____

SUBSCRIBED and sworn to before me on this _____ day of _____, 20_____, at _____.

NOTARY PUBLIC _____

My commission expires on _____

I hereby certify that the information I have given in this application and in the supporting documents are true and correct to the best of my knowledge and belief. I agree to comply with all the regulations and laws that are applicable to the financial assistance, which may be awarded to me by the Board of Regents.

APPLICANT'S SIGNATURE: _____ DATE: _____