

# NEW MEXICO HIGHER EDUCATION DEPARTMENT



## **New Mexico Health Professions Student Loan-For-Service Program Application 2020**

The purpose of the New Mexico Health Professions Student Loan-for-Service Program is to increase the number of professionals in areas of the state that have experienced shortages by making educational loans to students seeking degrees in the health field. As a condition of each loan, the student shall declare his/her intent to practice in a chosen health field in a designated shortage area in New Mexico.

For every year of service, a portion of the student's loan will be forgiven. If the entire service agreement is fulfilled 100% of the loan is eligible for forgiveness. Penalties may be assessed if the service agreement is not satisfied.

### **General Eligibility Requirements:**

- ✓ New Mexico resident
- ✓ U.S. citizen or eligible non-citizen
- ✓ Enrolled at least half-time
- ✓ Enrolled at a public college or institution in New Mexico and accepted into a health profession program leading to a degree or certification
- ✓ Demonstrate financial need

### **Application Process:**

- Application
- Essay (Typed, Minimum of 400 words, 500 Maximum)
- Letter of Acceptance
- Unofficial Academic Transcripts
- Copy of Driver's License

**Award Amounts:** Financial Aid Coordinators make award amount recommendations based on the student's financial need for the academic year; however, the amount of the award may not exceed \$12,000 for the Allied and Nursing Loan-For-Service Program and \$25,000 for Medical Loan-For-Service student(s) per academic year. The final award amount is determined by the New Mexico Higher Education Department based on available funding and the total number of eligible applicants. Funds are sent in two disbursements directly to the higher education institution at which the eligible student is enrolled.

### **Instructions for Application:**

1. Complete fillable application
2. Ensure all attachments are ready to upload to the email
3. Email the complete application and attachments to [fin.aid@state.nm.us](mailto:fin.aid@state.nm.us)
4. In the subject line of your email, please put your first name and last name

For consideration, all documents must be entirely completed and included with the emailed application packet. The application and all supporting documents must be **received via email by 5:00PM July 1, 2020**. Mailed, Scanned, Faxed or In-Person copies will **NOT** be accepted. Late applications emailed after the deadline will not be accepted.

Application Status: (please select one)

New Applicant

Renewal Applicant

Program: Medical

Nursing

Allied

Full Name:

Permanent Address:

*Last*

*First*

*M.I.*

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

Home Phone:

Alternate Phone:

Date of Birth:

Email Address:

Previous name under which records may be kept:

Last Four of SS#:

Gender:

Male

Female

Driver's License Number:

State:

Exp:

Are you a citizen of the United States or a permanent resident alien? Yes

No

Are you a New Mexico resident? Yes

No

If yes, when was residency established? (required)

## Education

Name of Institution Attending/Plan to Attend:

Course of Study:

**Allied:** Physical Therapy

Occupational Therapy

Speech Lang Pathology

Audiology

Laboratory Tech.

Radiology Tech.

Respiratory Tech.

Nutrition

Pharmacy

Mental Health

Emergency Med Tech.

Other: \_\_\_\_\_

**Nursing:** Associates Degree

Bachelor of Science

Master of Science

Licensed Practical Nurse

Advance Practice Nurse

**Medical:** Physician

Physician Assistant

**Osteopathic Medicine:** Osteopathic Physician

Osteopathic Assistant

Approved Health Field Degree you plan to obtain:

Anticipated Graduation Date:

Current Grad. Level: 1<sup>st</sup> Yr.

2<sup>nd</sup> Yr.

3<sup>rd</sup> Yr.

4<sup>th</sup> Yr.

Grad.

List one personal reference with separate contact information who may be reached for your most current address and/or phone number.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Essay

Please type an essay stating why you want to enter or remain in the chosen field and obligate yourself to a designated shortage area in New Mexico through the Health Loan-For-Service Program. (Minimum of 400 words, 500 Maximum). Please include your first and last name on the attachment. Please email your essay as part of the application email.

## Electronic Signature

By signing the statements below electronically, you agree your electronic signature is the legal equivalent of your manual/handwritten signature on this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the New Mexico Higher Education, Financial Aid Office.

## Statement of Understanding

By signing below I am certifying that I understand that the original application and all necessary supporting documents must be emailed to [fin.aid@state.nm.us](mailto:fin.aid@state.nm.us) by 5:00PM on July 1, 2020. Late applications will not be accepted.

I understand that all awards are subject to the availability of funds. I understand the Financial Aid Division will not release any information regarding the completion of my application packet. I understand once my application is received, no additional documents may be added to my application packet. I understand all fields within the application must be complete. I understand if any required information is omitted from any part of the application packet, my application will be considered incomplete and will not be considered for funding.

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization & Consent to Release Education Records

I hereby authorize personnel of the College/University to release any and all educational records and information to the New Mexico Higher Education Department (NMHED). I further understand that this information may contain personal information. I understand the information may be released orally or in the form of copies of written records as preferred by NMHED. By my signature below I acknowledge this consent and authorization to be valid.

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Intent To Provide Service In New Mexico

I affirm intent to practice in a health field in a designated underserved area of New Mexico upon completion of my education and/or internship/residency. I understand that if selected to receive funding, I must fulfill the service requirements of this loan or repay the loan with interest and penalties as defined in the Health Professions Student Loan-For-Service Agreement and in the New Mexico Administrative Code 5.7.2.

Upon termination of an agreement, the Program Participant shall be assessed a penalty of up to three (3) times the amount of award disbursed, plus eighteen percent (18%) interest, unless the NMHED finds acceptable extenuating circumstances for why the participant could not serve and comply with the terms of the provisions. The NMHED shall require immediate repayment plus the amount of any penalty assessed.

I affirm all the information on this application is true and completed to the best of my knowledge. If asked by the New Mexico Higher Education Department, I will provide proof of the information I have reported on this application. All information can and will be used in a legal capacity if necessary.

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist

If any of the items listed below are omitted from the application packet, your application will be considered incomplete and will not be reviewed or considered for funding.

- Complete all fields within the Health Loan-For-Service Program Application
- Essay: Typed essay with a maximum of 500 words
- Unofficial Academic Transcripts
- Copy of Driver's License
- Letter of Acceptance: Attach your letter of acceptance into the health professional program in which you are enrolled
- Send one email with your application and all documents attached. Be sure to put your first and last name in the email subject.