UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING

APPLICATION FOR NURSE FACULTY LOAN PROGRAM

Background and Purpose:

The U. S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions created the Nurse Faculty Loan Program to address a critical shortage of qualified nurse faculty in schools of nursing in the United States. The purpose of the loan program is to provide financial assistance to full-time and part-time graduate students who intend to take a full-time teaching position in a school of nursing immediately following graduation. Up to 85% of the total loan will be forgiven if the recipient stays in that teaching position for 4 years following graduation. (Financial assistance covers tuition, fees, books, laboratory expenses, and other reasonable education. This stipend does not support living expenses, student transportation/cost, room/board, or personal expenses.)

Eligibility Criteria:

This loan will be granted to a Registered Nurse in a PhD, DNP or MSN program at the University of Pittsburgh School of Nursing who intends to be a full-time or part-time student until graduation, followed by full-time employment as a faculty in any school of nursing following graduation. Preference will be given to full-time or part-time doctoral students without other sources of financial assistance. Full-time or part-time students in MSN programs who plan to take a faculty position upon graduation may qualify for funding.

- Must be currently licensed as a RN.
- Must be a U.S. citizen or Permanent Resident.
- Must be in good academic standing with a cumulative GPA of 3.0 or higher.

Application Requirements:

- Must submit essay describing career goals as a faculty member in a school of nursing and the impact of quality teaching on the profession of nursing.
- Must submit current resume or curriculum vita.
- Must submit one recommendation from a current faculty member (see attached recommendation form).
- Must submit a current curriculum plan, including education minor courses with application, which is signed by the student’s advisor.

Agreement:

- Must agree to complete the Nursing Education Minor, which is currently 12 credits. Please refer to the following website for details on the Nursing Education Minor and course requirements: http://www.nursing.pitt.edu/academics/minors/minor_with_msn.jsp
- Students who receive funding must maintain a grade point average (GPA) of 3.0 or above in their nursing coursework.
- Students who receive funding promise to work as a full-time faculty member in a school of nursing anywhere in the United States for a minimum of four (4) years after graduation from the MSN, PhD or DNP program.
**Important Notification:**

- The loan award may be repeated for the duration of the student’s graduate study (not to exceed 5 years of study or more than $35,000 per academic year), pending yearly funding from the Bureau of Health Professions to the School of Nursing.

**Application Process:**

There are a limited number of loans available. Loans are given on a first come, first serve basis. Complete and return the attached form, along with your essay, a resume or CV, one recommendation from a faculty member and a curriculum plan signed by your advisor, to Nicole Gannon, University of Pittsburgh School of Nursing, 3500 Victoria Street, 239 Victoria Bldg., Pittsburgh, PA 15261. Questions may be directed to Nicole Gannon, Department Administrator in the Student Services Office at (412) 624-6910, or Julius M. Kitutu, PhD, MSc, MEd, Assistant Dean for Student Services at (412) 624-4587.
Application for Nurse Faculty Loan Program

Today’s Date: _________________________

Name: _______________________________  Last 4 Digits of Social Security #: ______________

PeopleSoft # _______________

Present Address: ____________________________________________________________

________________________________________________________________________

Home Phone: (   ) _______________ Work Phone: (   ) _______________  Pitt E-mail: ___________

1. Are you a:
   □ US Citizen                      □ Permanent Resident

2. Graduate Program: ______________________________

3. Anticipated Date of Graduation: _______________

4. Are you currently paying in-state tuition? □ Yes     □ No

5. Indicate the number of credits you plan to take in the following terms:

   Fall _______  Spring _______  Summer _______

6. Do/will you have a GSA/TA position for the current academic year?

   □ Yes   _____ FT   _____ HT   _____ QT

   □ No

7. Please list below any additional information about your financial situation you believe the selection committee should consider in making this award.

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________
I, the above named applicant, have been informed that I must agree to the service obligation associated with the Nurse Faculty Loan Program in order to be eligible to receive a loan under this program.

_______________________________________________  ________________________________
Signature                                      Date
Faculty Endorsement Form
Nurse Faculty Loan Program

Student: _____________________________________________________

Use the following scale to rate the student’s qualifications for the Nurse Faculty Loan Program award:

1 = below average
2 = average
3 = above average
4 = outstanding

Use N/A if you are unable to rate this student in any of the categories.

Academic Achievement __________
Potential as Nurse Faculty __________
Potential as Nurse Researcher __________
Potential as Nurse Leader __________
Commitment to Quality Healthcare __________
Ability to Work with Individuals and Groups __________
Flexibility/Adaptability __________
Interpersonal Skills __________
Communication Skills __________

Additional Comments:

My primary contact with this student has been:
I □ strongly recommend this student for the Nurse Faculty Loan Program.
I □ recommend this student for the Nurse Faculty Loan Program.
I □ do not recommend this student for the Nurse Faculty Loan Program.

Signature ____________________________     Date  ____________________
Position ____________________________