Rules of
Department of Health and
Senior Services
Division 10—Office of the Director
Chapter 6—Professional and Practical
Nursing Student Loans

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Title 19—DEPARTMENT OF
HEALTH AND
SENIOR SERVICES
Division 10—Office of the Director
Chapter 6—Professional and Practical Nursing Student Loans

19 CSR 10-6.010 Nurse Loan and Nurse Loan Repayment Programs

PURPOSE: This rule establishes the requirements for implementing the professional and practical nursing student loan and loan repayment programs.

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Academic year for a practical nursing program means a calendar year. Academic year for a professional nursing program means the period of time from the beginning of the fall semester to the final day of the spring semester and may include a summer session;

(B) Advisory panel means the advisory group of nurses appointed by the director of the Missouri Department of Health to advise the department regarding the rules, funding and guidelines for implementing and administration of the nurse loan and nurse loan repayment programs;

(C) Application contract means the form provided by the Missouri Department of Health for the purpose of applying for a nurse loan;

(D) Area of defined need means a geographic area or a type of practice specialized designated by the Missouri Department of Health as experiencing nursing shortages and published annually by rule;

(E) Board means the State Board of Nursing;

(F) Department means the Missouri Department of Health;

(G) Director means the director of the Missouri Department of Health;

(H) Educational loan means the financial assistance provided by the department under the authority of the nurse loan program; or commercial loans made by banks, credit unions, savings and loan associations, insurance companies, schools and other financial institutions for nurse education purposes; or loans made by federal, state, county or city agencies authorized by law to make loans for nurse education purposes;

(I) Eligible applicant for the nurse loan repayment program means a current Missouri licensed professional nurse who has attained either an associate degree, a diploma, a bachelor of science degree or a graduate degree in nursing from an accredited institution; or a student nurse in the final full year as a full-time student in a school of nursing leading to a bachelor of science degree or a graduate nursing program leading to a master’s degree in nursing;

(J) Eligible student means a resident who has made application to be a full-time student in a formal course of instruction leading to an associate degree, a diploma, a bachelor of science degree, or a master of science degree in nursing, or leading to the completion of educational requirements for a licensed practical nurse;

(K) Participating school means an institution within Missouri which is approved by the board for participation in the nurse loan program;

(L) Practical nurse means a person licensed under the provisions of sections 335.011—335.096, RSMo 1986 to engage in the practice of practical nursing;

(M) Professional nurse means a nurse licensed under the provisions of sections 335.011—335.096, RSMo 1986 to engage in the practice of professional nursing;

(N) Qualified applicant for the nurse loan program means a student matriculating in a participating school;

(O) Qualified employment means employment on a full- or part-time basis in Missouri in a position requiring a licensed practical nurse or registered professional nurse in any public or nonprofit agency, institution or organization in an area of defined need;

(P) Reasonable educational costs means tuition, books, fees, supplies, equipment and materials required by the program of the school in which the financial aid recipient was or is enrolled to obtain a professional diploma or degree or practical nurse certification;

(Q) Reasonable living expenses means the cost of room, board, transportation and miscellaneous costs based on individual program costs as published annually by the department;

(R) Repayment application means the form signed by a professional nurse loan repayment applicant and the director of the department or an authorized agent in which the applicant agrees to accept responsibility for repayment of educational loans through qualified employment or by cash.

(2) Members of the advisory panel shall serve for three (3) years from the date of appointment by the director and may be reappointed for consecutive three (3)-year terms. Resignations from the panel may be accepted by the director at any time. Appointments to fill vacated panel positions shall be for three (3) years. Nonattendance by a panel member at two (2) consecutive scheduled panel meetings shall constitute a resignation from the panel unless a written explanation of the absences with a written request to continue service on the panel is received by the director within thirty (30) days after the second absence of a panel member from a scheduled panel meeting. Nonattendance at more than four (4) scheduled panel meetings in any two (2) consecutive years may constitute, at the discretion of the director, a resignation from the panel.

(3) Recipients of professional and practical nurse loans shall verify to the department their enrollment, their program eligibility, their academic standing following the completion of each semester and summer session, and their expected program completion date.

(A) Interest on funds loaned by the nurse loan program shall accrue at a rate of nine and one-half percent (9 1/2%) per year from the issue date of the department check.

(B) When a recipient of financial assistance ceases his/her study prior to the successful completion of the course of instruction required for graduation from a participating school, repayment of the principal and interest shall begin within ninety (90) days after the date the recipient ceases to be an eligible student, in accordance with the repayment contract. The department shall be notified by the loan recipient within thirty (30) days of the date the recipient ceases to be an eligible student. Payment shall be completed no more than twelve (12) months from that date.

(C) The department may grant a limited deferral of repayment of the principal and interest on the basis of hardship such as critical illness of the participant or an immediate family member, or death in the immediate family, or severe handicapping condition of the participant when the hardship has been adequately documented such as attending physician statement, death certificate or Social Security disability determination.

(D) The department may grant a limited deferral of the repayment of the principal and interest when the deferral would best serve the interest of the state and the nurse loan program.

(E) The status of each deferral may be reviewed as often as necessary by the department but shall be reviewed annually to insure compliance with the intent of the deferral.
(F) Interest accrued during a deferral period by a financial assistance recipient shall be forgiven on the same basis as the original loan and interest.

(G) Forgiveness of interest and principal for a financial assistance recipient engaged in qualified employment on a less than full-time basis may be prorated. Partial year forgiveness of the loan and accrued interest for employment in an area of defined need may be authorized by the director.

(H) Once a financial assistance recipient has started to practice in an area of defined need, the principal and interest shall continue to be forgiven even if the designation of the area of defined need changes. If the recipient terminates that employment, reemployment in an area of defined need shall be required to reestablish forgiveness status.

(I) Recipients found to be in default of their contracts shall be allowed a repayment period up to twenty-four (24) months. The repayment period begins on the date the recipient is out of compliance.

(4) To qualify for a nurse student loan, the applicant shall have no conflicting service obligation that would prevent the state from benefiting from the applicant’s services after graduation, with the exception of service in the National Guard or military reserve.

(5) Application contracts shall be completed, signed by the applicant and received by the department at least eight (8) weeks prior to the beginning of classes.

(A) Application contracts shall be accompanied by proof of Missouri residency, such as a copy of the Missouri individual income tax return for the previous year of the applicant or of the applicant’s parents or legal guardian, or current Missouri driver’s license.

(B) Loan recipients shall apply annually.

(C) Completed application contracts on file in the department shall be prioritized for funding based on each applicant’s financial need, willingness to serve in an area of defined need, and the total amount estimated to be needed by the applicant to complete the applicant’s program.

(D) Application contract forms for the nurse loan program shall be made available through the financial aid offices of the participating schools and the department for distribution to eligible students.

(E) Upon approval for funding, the application contract shall be signed by the department director or an authorized agent and shall become the agreement of the applicant to accept responsibility for repayment either by cash or by service in an area of defined need.

(F) A copy of an applicant’s financial aid award notice from the participating school and of the applicant’s notice of acceptance by the participating school shall be on file in the department prior to funding by the nurse loan program.

(6) Selection criteria for the nurse loan repayment program are willingness to serve in an area of defined need, professional references and appropriate work history.

(7) Repayment applications for the nurse loan repayment program shall be made on forms available through the department.

(A) To qualify for a nurse loan repayment, the applicant shall have no conflicting service obligation that would prevent the state from benefiting from the applicant’s professional services with the exception of service in the National Guard or military reserve.

(B) Repayment applications shall be completed, signed by the applicant and accompanied by proof of professional licensure.

(8) Subject to availability of federal, state or community funds for the nurse loan repayment program, the department shall enter into a minimum two (2)-year contract with each individual qualifying for repayment of educational loans. No loan repayment shall be made for any professional practice performed prior to the effective date of the health professional’s nurse loan repayment contract.

(A) Participants shall practice in an approved area of defined need.

(B) Final approval of a nurse loan repayment contract is contingent upon approval by the director and a signed service agreement from an approved site, agreed upon by the site authority and the applicant.

(9) Participants who default on their written repayment contracts shall be subject to monetary repayment of the contracted amount and interest. Cash repayment periods may be authorized up to a maximum of twenty-four (24) consecutive months.

(A) The department may grant a deferral of payment of the loan repayment amount and interest at the discretion of the director on the basis of hardship such as critical illness of participant or an immediate family member, or death in the immediate family, or severe handicapping condition of the participant when that hardship has been adequately documented such as statement of the attending physician, death certificate or Social Security disability determination.

(B) The status of each deferral may be reviewed as often as necessary by the department but shall be reviewed annually to insure compliance with the intent of the deferral.

(C) Once a loan repayment participant has begun qualified employment, loan repayment shall continue, even if the designation of the area of defined need of qualified employment changes as long as the loan repayment participant does not terminate employment.

(D) If circumstances beyond the control of a loan repayment participant result in the termination of qualified employment, deferral status may be granted for a period up to ninety (90) days to allow the participant to gain employment in an area of defined need.


**Pursuant to Executive Order 21-07, 19 CSR 10-6.010, subsection (3)(A) and section 335.233, RSMo was suspended from March 25, 2020 through August 31, 2021.
# Chapter 6—Professional and Practical Nursing Student Loans

**MISSOURI DEPARTMENT OF HEALTH**
**BUREAU OF PRIMARY CARE**
P.O. BOX 570, JEFFERSON CITY, MO 65102

**APPLICATION FOR THE MISSOURI PROFESSIONAL AND PRACTICAL NURSE LOAN PROGRAM**

---

**NAME**
LAST, FIRST, MIDDLE INITIAL

**OTHER NAMES USED**

**PERMANENT ADDRESS**
STREET
CITY
STATE
ZIP CODE
BIRTHDATE
SOCIAL SECURITY NO.

**CURRENT INFORMATION**
STREET ADDRESS
CITY
STATE
ZIP CODE

**TELEPHONE**
( )

**ARE YOU A UNITED STATES CITIZEN?**
☐ YES ☐ NO

**ARE YOU A MISSOURI RESIDENT?**
☐ YES ☐ NO
IF YES, HOW LONG?
YEARS MONTHS

**ARE YOU A PREVIOUS RECIPIENT OF ASSISTANCE FROM THE MISSOURI PROFESSIONAL AND PRACTICAL NURSING LOAN PROGRAM?**
☐ YES ☐ NO

**ARE YOU CURRENTLY LICENSED IN MISSOURI?**
☐ YES ☐ NO

**LICENSE NUMBER**

**LICENSE STATUS**

**MARRITAL STATUS**
☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED

**NUMBER OF DEPENDENTS**

**AGE(S) OF DEPENDENTS**

**EDUCATIONAL INSTITUTION**

**NAME OF INSTITUTION**

**STREET**

**CITY**

**STATE**

**ZIP CODE**

**FINANCIAL AID OFFICER**

---

**TYPE OF NURSING PROGRAM**

☐ LICENSED PRACTICAL NURSE

☐ REGISTERED PROFESSIONAL NURSE:

☐ ASSOCIATE DEGREE ☐ DIPLOMA

☐ BACHELORS DEGREE ☐ MASTERS

**HAVE YOU APPLIED TO THIS NURSING PROGRAM?**
☐ YES ☐ NO

**ANTICIPATED DATE OF ENROLLMENT (MONTH/YEAR)**

**ANTICIPATED/ACTUAL DATE OF GRADUATION (MONTH/YEAR)**

**ANTICIPATED DATE TO BEGIN YOUR NURSING PRACTICE (MONTH/YEAR)**

---

**IF APPLICABLE ATTACH LETTER OF ACCEPTANCE FROM SCHOOL**

---

**MO 580-1551 (4-91)**

---

John R. Ashcroft  (5/31/20)  
Secretary of State
PROFESSIONAL AND PRACTICAL NURSE LOAN PROGRAM APPLICATION

MUST BE TYPED OR PRINTED

FINANCIAL INFORMATION

HAVE YOU BEEN AWARDED ANY EDUCATIONAL FINANCIAL AID SUCH AS PELL GRANT, SCHOLARSHIPS OR STAFFORD LOAN? □ YES □ NO

AMOUNT OF FINANCIAL ASSISTANCE AWARD $ __________

(Attach the Permission for Disclosure of Financial Aid Information form completed and signed by your financial aid officer.)

IF FINANCIAL AID WAS DENIED, PLEASE GIVE EXPLANATION. (ATTACH COPY OF FINANCIAL AID DENIAL.)

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

USE THIS SPACE TO EXPLAIN ANY UNUSUAL EXPENSES, EDUCATIONAL AND OTHER DEBTS, PERSONAL CONSIDERATIONS THAT WOULD LIMIT YOUR ABILITY TO RELOCATE OR SPECIAL CIRCUMSTANCES PERTINENT TO THIS APPLICATION. (e.g., CHANGES IN INCOME, FAMILY STATUS, MEDICAL OR LEGAL FINANCIAL OBLIGATIONS, SPECIAL EDUCATIONAL NEEDS) ATTACH ADDITIONAL PAGE(S) IF NECESSARY.

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all loan funds received will be used only for educational purposes for the academic year covered by this program.

I understand I am making a commitment to provide services, upon completion of my professional or practical nursing training, in an area of defined need within Missouri if I am awarded and accept a loan from the Missouri Professional and Practical Nurse Loan Program. Failure to provide these services makes all monies I borrowed immediately due and owing at the time of my breach.

I, hereby, authorize my school to release copies of the financial statements and application forms contained in my financial aid file, to the Missouri Department of Health, Division of Local Health and Institutional Services.

STUDENT SIGNATURE ___________________________ DATE __________

The following pages are the contract that the applicant, upon approval for funding and signing by the department director or his representative, agrees to practice in an area of defined need within the state of Missouri in lieu of cash repayment of all loans from the Professional and Practical Nurse Loan Program.

The applicant must complete, sign and notarize the contract in order for the loan application to be considered for funding. (See page 4.)
**BORROWER'S NAME**
(LAST, FIRST, MIDDLE INITIAL)

**ADDRESS**

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tr>
<th>BIRTHDATE</th>
<th>SOCIAL SECURITY NO.</th>
<th>APPLYING FOR ACADEMIC YEAR</th>
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**LENDING INSTITUTION**
The Missouri Department of Health

**TERMS**
I agree to pay the State of Missouri, or its authorized agent, the principal sum of _______________________________ dollars 

($ ____________________ . _______), plus interest in United States currency, upon maturity of this note.

**INTEREST**
I hereby agree to pay simple interest on the unpaid loan principal at a rate of nine and one-half (9.5) percent per annum from the issue date of the state check until the principal and accumulated interest are paid.

**MATURETY**
This note will mature when the borrower ceases to be an eligible student at a participating school.

**FORGIVENESS**
Payment of one-fourth of the loan principal and accrued interest will be forgiven for each full calendar year that borrower engages in qualified employment in an area of defined need in this state. **Forgiveness must begin within six (6) months after completion of professional or practical nurse training.**

**ADDITIONAL AGREEMENTS**
The borrower fully understands and agrees to the following:

1. The borrower will use the proceeds of this loan for educational expenses at a participating school.
2. The borrower will send written notice to the Missouri Department of Health within ten (10) days after any change in enrollment status, practice location, type of practice, name or address.
3. That the borrower is making a commitment to provide services, upon completion of professional or practical nurse training, in an area of defined need as determined by the Missouri Department of Health.
4. If the borrower’s eligibility status changes (no longer a nursing student or a nursing student in good standing) and the borrower is not providing professional or practical nursing services in an area of defined need, repayment of the loan principal and interest shall begin within ninety (90) days of the date the recipient ceases to be an eligible student. Payment shall be completed no more than twelve (12) months from that date.
5. If in a professional nurse program, the borrower will provide verification to the Missouri Department of Health as to their enrollment, program eligibility, and academic standing within thirty (30) days of the completion of each semester and summer session and their expected program completion date.
6. Upon completion of the nursing program and becoming licensed should the borrower at any time choose not to provide nursing services in an area of defined need, repayment of the loan principal and interest becomes due and owing immediately and under a jointly agreed to repayment program must be completely repaid within two (2) years of the breach.
7. If the borrower violates any of the provisions of this loan contract or promissory note, including notifying the Missouri Department of Health of changes of address, the Missouri Department of Health may call the note due immediately.
8. When necessary to protect the interest of the state in any loan transaction under Section 173.30 RSMo Supp. 1990, the Missouri Department of Health may institute any action to recover any amount owed.
NURSE LOAN CONTRACT AND PROMISSORY NOTE

REMEDIES

The Department retains all administrative, civil and criminal remedies for breach of this contract by the Participant.

MODIFICATION/EXTENSION

This contract may not be amended or modified without prior written agreement of the parties.

EXECUTION

The parties signed this contract on the dates and in places indicated below.

<table>
<thead>
<tr>
<th>FOR THE PARTICIPANT</th>
<th>FOR THE DEPARTMENT OF HEALTH</th>
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<tbody>
<tr>
<td>SIGNATURE</td>
<td>AUTHORIZED SIGNATURE</td>
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<tr>
<td>TITLE</td>
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<td>DATE</td>
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<td>PLACE</td>
<td>PLACE</td>
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<tr>
<td>NOTARY</td>
<td>WITNESS</td>
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<td>DATE</td>
<td>DATE</td>
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REMINDER:

All application/contracts must be completed and signed.

Attach: (1) Proof of Missouri residency.
(2) The Permission for Disclosure of Financial Aid Information form completed and signed by your financial aid officer.
(3) Any other pertinent information for which there was inadequate space for inclusion in this application.

THE DEADLINE FOR APPLICATION SUBMISSION IS EIGHT WEEKS PRIOR TO THE BEGINNING OF THE INDIVIDUAL PROGRAM. EARLY SUBMISSION CAN FACILITATE THE PROCESSING OF INDIVIDUAL APPLICATIONS.
Complete for each loan you wish to be included in the agreement. This authorizes your lender to verify the information about the nursing education loan you have described here and disclose its purpose and amount to the Department of Health.

**FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS**

If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan. The Missouri Nurse Loan Repayment Program only pays for nursing education costs.

**THE UNDERSIGNED HEREBY AUTHORIZES THE FULL DISCLOSURE OF ANY INFORMATION REGARDING THE NATURE, AMOUNT, TERMS AND STATUS OF THIS LOAN FOR THE PURPOSE OF ENTERING AN AGREEMENT WITH THE DEPARTMENT OF HEALTH FOR REPAYMENT OF SAID LOAN.**

*(A copy of the promissory note for the loan described here must be attached to this form.)*

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<th>NAME</th>
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<tr>
<td>CITY</td>
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**LENDER INSTITUTION OR CURRENT HOLDER OF LOAN NOTE**

| NAME AND TITLE OF CONTACT PERSON |
| STREET |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER |

**LOAN ACCOUNT NUMBER**

<table>
<thead>
<tr>
<th>DATE OF ORIGINAL LOAN</th>
<th>DATE LOAN RETIRES</th>
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**PAYMENT AMOUNT**

<table>
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<tr>
<th>TOTAL PRINCIPAL LOANED</th>
<th>TOTAL INTEREST OWED</th>
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**TOTAL NUMBER OF PAYMENTS**

<table>
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<tr>
<th>HOW OFTEN ARE PAYMENTS DUE</th>
<th>NEXT DATE PAYMENT IS DUE</th>
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**BORROWER’S SIGNATURE**

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MO 580-1554 (3-91)
MISSOURI DEPARTMENT OF HEALTH
BUREAU OF PRIMARY CARE
P.O. BOX 570, JEFFERSON CITY, MO 65102
APPLICATION FOR THE MISSOURI NURSE
LOAN REPAYMENT PROGRAM

NAME
(LAST, FIRST, MIDDLE INITIAL)

OTHER NAMES USED

PERMANENT ADDRESS
STREET

CITY
STATE
ZIP CODE

BIRTHDATE
SOCIAL SECURITY NUMBER

PRESENT ADDRESS
STREET

CITY
STATE
ZIP CODE

TELEPHONE NUMBER
(


APPLICANT'S NURSING EDUCATION
A. LAST SCHOOL ATTENDED
NAME OF SCHOOL
STATE

STREET
CITY
ZIP CODE

B. DEGREE OR DIPLOMA RECEIVED

C. START & END DATES ATTENDED
TO

D. DATE COMPLETING REQUIREMENTS FOR DEGREE OR DIPLOMA

E. PREVIOUS SCHOOL ATTENDED
NAME OF SCHOOL
STATE

STREET
CITY
ZIP CODE

F. DEGREE OR DIPLOMA RECEIVED

G. START & END DATES ATTENDED

H. DATE COMPLETED REQUIREMENTS FOR DEGREE OR DIPLOMA

(Attach additional sheets for each nursing school attended for which loan repayment is requested. Write your name and social security number on each sheet.)

APPLICANT'S CURRENT NURSING LICENSES (REGISTRATION)
LICENSE NUMBER
STATE
STATUS
SPECIALTY

LICENSE NUMBER
STATE
STATUS
SPECIALTY

IF NOT YET LICENSED, WHEN WILL LICENSURE EXAMINATION BE TAKEN AND FOR WHAT STATE?
DATE
STATE

MO 580-1555 (4-91)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
SERVICES PROVIDED ON A NONDISCRIMINATORY BASIS

10

CODE OF STATE REGULATIONS

(5/31/20)

JOHN R. ASHCROFT
Secretary of State
## APPLICATION FOR THE MISSOURI NURSE LOAN REPAYMENT PROGRAM

### MUST BE TYPED OR PRINTED

<table>
<thead>
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<th>Certification In</th>
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**IF NOT YET CERTIFIED, WILL CERTIFYING EXAMINATION BE TAKEN AND IN WHAT SPECIALTY?**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Date</th>
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**ENCLOSE COPIES OF ABOVE CERTIFICATIONS WITH APPLICATION.**

### SPECIALTY EDUCATION OR TRAINING

List any additional education or experience in nursing specialty areas: (include dates & places where appropriate).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

### EMPLOYMENT PREFERENCES

**TYPE OF HEALTH CARE FACILITY(IES) WHERE YOU PREFER TO BE EMPLOYED:**

- [ ] Community Health Center
- [ ] Migrant Health Center
- [ ] Public Hospital
- [ ] Local Health Department
- [ ] Rural Health Clinic
- [ ] Nursing Facility
- [ ] Mental Health Center
- [ ] State or Federal Institution
- [ ] Other (specify below)

________________________________________________________________________

**LENGTH OF LOAN REPAYMENT REQUESTED:**

**PLEASE INITIAL AGREEMENT PERIOD PREFERRED**

(This does not preclude subsequent extensions of the contract, but reflects your present preference.)

- [ ] 2 Years
- [ ] 3 Years
- [ ] 4 Years

### CERTIFICATION BY APPLICANT

I hereby certify the accuracy of this information and apply to enter into an agreement with the Missouri Department of Health for repayment of a portion of the educational loans described in the “Applicant’s Permission for Disclosure” form(s) accompanying this request, incurred solely for the costs of my education.

Applicant’s Signature: ____________________________ Date: ____________________________

**Instructions:** Now complete the form “Applicant’s Permission for Disclosure: Lender’s Confirmation of Loan” to describe each loan you want repaid and to permit your lenders to disclose to the Missouri Department of Health the terms, purpose and amount of each loan.
Missouri Department of Health
Bureau of Primary Care
P.O. Box 570
Jefferson City, MO 65102
Missouri Professional and Practical Nursing Student Loan Program
Applicant's Permission for Disclosure of Financial Aid Information

Sign and present to your Financial Aid Officer for completion, signature and date. Applications cannot be processed without this form attached. ALL INFORMATION IS CONFIDENTIAL AND FOR PROGRAMMATIC PURPOSES ONLY.

THE UNDERSIGNED HEREBY AUTHORIZES THE FULL DISCLOSURE OF INFORMATION REGARDING THE NATURE, AMOUNT, TERMS AND STATUS OF ANY AND ALL FINANCIAL ASSISTANCE FOR EDUCATIONAL PURPOSES.

Student's Signature

Date

This section to be completed by the Financial Aid Officer. (Please print or type.)

Financial Aid Officer Name

Educational Institution

Street Address

City

State

Zip Code

Telephone Number

Financial Aid Information

Direct Annual/School Year Costs of Nursing Education Program

Student Financial Aid Award Total Amount

Estimated Family Contribution to Educational Costs

$ .

$ .

$ .

Comments and/or Pertinent Information

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I certify that the information contained in this form is true, complete and correct to the best of my knowledge.

Financial Aid Officer Signature

Date