

WYOMING INVESTMENT IN NURSING (WYIN) PROGRAM

UNDERGRADUATE STUDENT APPLICATION

APPLICATION DEADLINE: **As determined by each educational institution.**

ALL STUDENT APPLICANTS SHOULD SUBMIT THE FOLLOWING THROUGH THE FINANCIAL AID DIRECTOR AT THEIR INSTITUTION: THIS APPLICATION AND A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), AVAILABLE IN THE FINANCIAL AID OFFICE.

1. Name _____

2. Social Security Number _____ - ____ - _____ W Number _____

3. Date of Birth ____ / ____ / _____ (month / day / year)

4. Home Address

Street _____

City _____ State ____ Zip Code _____

5. Home Telephone (____) _____ - _____

Work Telephone (____) _____ - _____ E-mail address _____

6. Are you a Wyoming resident or graduate from a Wyoming high school?

Yes _____ No _____

7. List two individuals who will always know your current address:

Name _____ Name _____

Street _____ Street _____

City _____ State ____ Zip Code _____ City _____ State ____ Zip Code _____

Telephone (____) _____ - _____ Telephone (____) _____ - _____

8. Do you hold an unencumbered license with the Wyoming Board of Nursing?

Yes _____ No _____

If yes, complete the following:

CNA	License No:	License active? Yes:	No:	Expiration date:
LPN	License No:	License active? Yes:	No:	Expiration date:
RN	License No:	License active? Yes:	No:	Expiration date:

9. Have you been convicted or pled guilty to a felony?

Yes _____ No _____

10. Have you been accepted into a Wyoming licensed practical nurse or registered nurse education program or a baccalaureate degree program in nursing?

Yes _____ No _____

If yes,

a. What program:

- _____ LPN / Certificate
- _____ RN / Diploma
- _____ RN / ADN
- _____ RN / BSN

b. If yes, at what institution?

Name _____ Location _____

c. What semester/year will you begin your program? ___ ___ / ___ ___ ___ ___ (month/year)

d. What is your anticipated date for completion/graduation? ___ ___ / ___ ___ ___ ___ (month/year)

I understand that if an award is authorized for me, I must maintain employer-verified employment after graduation as a nurse in Wyoming until the loan is repaid. Qualified work shall be credited so that the student's loan balance is reduced on the basis of one (1) year of full-time employment repaying the loan balance for one (1) academic year of full-time enrollment, or twelve thousand dollars (\$12,000.00) of the loan, whichever is less. Qualified work shall be credited on a proportional basis.

I understand this program does not guarantee qualified employment with an employer in Wyoming upon completion of the educational program. If I fail to begin or complete this employment requirement, cash repayment of the loan shall commence.

I further understand the Wyoming Investment in Nursing Program (hereinafter "WYIN") is subject to availability of funding sources.

I authorize my employer to release verification of my employment. I authorize my post-secondary institution to release to the Wyoming Community College Commission (hereinafter "Commission") and the contracted financial institution verification of my program of study and completion of that program. I authorize the Commission and the contracted financial institution to contact the Wyoming Board of Nursing to verify my nursing license. I further authorize the Commission to make public announcements of my participation in the WYIN Program, including my application for it. I understand that the Commission, the contracted financial institution, my employer, and other parties in connection with WYIN may need to have access and to share my confidential financial, personal background, educational, and employment information. I understand that my confidential information may be used to determine my initial qualification, continued qualification, and continuing participation in WYIN. I understand that the Commission, the contracted financial institution, my employer, and any other sources of funding agree to use my confidential information principally for purposes associated with WYIN. I fully authorize the Commission, the contracted financial institution, my employer, and all other parties that are connected with WYIN to obtain, review, and share among one another my confidential information.

I declare under penalty of criminal laws of the State of Wyoming that I have examined the complete form and all supporting documentation, and, to the best of my knowledge and belief, the information contained herein is true, correct, and complete.

(Signature)

(Date)