

FAO DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PNote to GSFC: \_\_\_\_\_

Renewal \_\_\_\_\_  
New Appl \_\_\_\_\_

**NURSING SERVICE CANCELLABLE LOAN APPLICATION**  
**For Approved Critical Fields**  
**2008-2009**

Circle your program.

Undergraduate  
Nursing, Registered

Master's Degree  
Nursing

Master's Degree  
Nurse Faculty

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

SSN: \_\_\_\_\_ UWG ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ @my.westga.edu

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Fall semester I will be: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate

- I understand that I must be at least half time to receive funds from the Service Cancelable Program:  
6 credit hours as an undergraduate student  
5 credit hours as a regular graduate student

*Please read carefully and initial each of the following:*

\_\_\_\_\_ I understand that I must file a *Free Application for Federal Student Aid 2008-2009 (FAFSA)* and complete my financial aid file by April 15, 2008 to be considered for these funds. I will not be considered for an award unless the FAFSA and all other documents needed are submitted by the deadline. I can complete the FAFSA online at: [www.fafsa.ed.gov](http://www.fafsa.ed.gov)

\_\_\_\_\_ I understand that funds from this program is a student loan with an option to cancel the debt through service within the state of Georgia. If I fail to cancel the debt through service, I am still responsible for repayment of the loan funds received by setting a repayment schedule with the lender, Georgia Student Finance Commission (GSFC).

\_\_\_\_\_ I understand that funds for this program are allocated to UWG by the State of Georgia and that there may not be enough funding available to award every applicant. Awards will not be available until the allocated amounts are received from the state which may not be in time for the fee payment deadline for Fall term and availability of funds may change during the year if budget cuts are necessary. Priority consideration is given for prior year applicants if the financial aid file is completed by the deadline.

\_\_\_\_\_ I understand that I must maintain Satisfactory Academic Progress as outlined through the UWG Financial Aid web page at: [www.westga.edu/~finaid](http://www.westga.edu/~finaid)

\_\_\_\_\_ I understand that if this is my first Service Cancelable Nursing award, I must sign a Master Promissory Note (MPN) before the award is guaranteed by the State of Georgia and funds are made available for payment.

\_\_\_\_\_ I understand that I will be notified through my UWG email of the status of this application, if a Master Promissory Note is needed or if there are any problems with this application as well as any changes to the award once made.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

FAO use only

ISIR: \_\_\_\_\_

Complete: \_\_\_\_\_

Degree: \_\_\_\_\_