

The Valley Health System *Adopt-A-Student Loan Program at UNLV*

The Valley Health System (VHS) representing Desert Springs Hospital, Summerlin Hospital, and Valley Hospital Medical Centers, in cooperation with the University of Nevada, Las Vegas (UNLV), is offering this loan program to UNLV students in their last 4 full-time (or last 8 half-time) semesters of their Registered Nursing Program.

The VHS is offering payment up to \$2000.00 per semester required for your education in the form of a promissory note. Your selection and participation in the *Adopt-A-Student* Loan Program requires your commitment to become employed within The Valley Health System immediately upon graduation for a minimum of 2 years as a Registered Nurse (RN). Satisfying this commitment considers this loan paid in full.

If you are interested in this loan program, please complete all sections of this form and submit it to UNLV Student Financial Services. You may fax the form (both sides) to (702) 895-1353.

***** Please type or print clearly. *****

SECTION 1: Student Demographic and Contact Information

Please complete all items. Write *Not Applicable* if any item does not apply.

Student Full, Legal Name	Social Security Number	Date of Birth
Mailing Address	City, State	Zip Code
Residential Address (if different from mailing)	City, State	Zip Code
Home Phone Number	Work Phone Number	Cellular Phone Number
E-mail Address: _____		

SECTION 2: Personal References and Letter of Reference

Please list 2 personal references who have known you for at least 2 years and who live at different addresses other than your mailing and/or residential address as reported in **SECTION 1** above.

Reference 1 Relationship to you _____ _____ Full Name _____ Address _____ City, State Zip Code _____ Telephone Number	Reference 2 Relationship to you _____ _____ Full Name _____ Address _____ City, State Zip Code _____ Telephone Number
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REQUIREMENT: Please attach a one-page letter of reference to this application form. A University official, community leader, past/present employer, career counselor, etc. may endorse your letter. Please be certain your letter of reference is submitted with this application. This application is incomplete without your letter of reference – no exceptions.

Over for side 2.

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SECTION 3: Semester Enrollment, Loan Amount, and Expected Graduation Date

Report the enrollment period, loan amount, and number of credits you plan to be enrolled for this loan.

<input type="checkbox"/> Fall 2005 and Spring 2006 Amount \$ _____ .00 Number of credits _____	<input type="checkbox"/> Fall 2005 only Amount \$ _____ .00 Number of credits _____	<input type="checkbox"/> Spring 2006 only Amount \$ _____ .00 Number of credits _____
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My expected graduation date is _____ semester _____ year.

SECTION 4: Information for Non-FAFSA Filer Only

Complete the following statement if you **have not** completed and released the 2005-2006 Free Application for Federal Student Aid (FAFSA) to UNLV Student Financial Services: **For the enrollment period reported in SECTION 3 above, I will live** on campus; off campus; off campus with parent or relative.

SECTION 5: Student's Certification of Understanding and Release of Information

I certify the information on both sides of The Valley Health System *Adopt-A-Student* Loan Program Application at UNLV and any supporting documentation and statements are accurate, true, and complete to the best of my knowledge. I understand that I must have a cumulative overall UNLV GPA of a 2.00 and be in good standing with the UNLV Nursing Department to be considered for this loan program.

I understand that the *Adopt-A-Student* Loan Program is a loan. Loan forgiveness provisions and loan repayment obligations are between The Valley Health System and me. I understand this loan has a lifetime cap of \$8000.00, not to exceed \$2000.00 for any semester period or \$4000.00 for any fall and spring year period. I also understand that this loan program may impact or change my other UNLV financial assistance.

I understand that completing this application does not cover an automatic award. I must complete and pass an interview process with a Valley Health System Nurse Manager and must read and sign a loan agreement/promissory note with The Valley Health System.

I give my permission to UNLV Student Financial Services to release information included on this loan application, my UNLV Grade Point Average, and to engage in information exchange with the UNLV Nursing Department and with authorized officials of The Valley Health System or other persons or entities as deemed appropriate by UNLV Student Financial Services. I understand that UNLV Student Financial Services and the UNLV Nursing Department will govern any information release by the FERPA Act of 1974 (20 U.S.C. § 1232g; 34 CFR Part 99) and other privacy and confidentiality standards. In addition, I will provide other information requested by a UNLV authorized official if necessary to determine eligibility for this program.

I understand this loan program is governed by the UNLV Student Financial Services Satisfactory Academic Progress Policy. I understand any false information will be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code.

Student Signature	Social Security Number	Date
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Return this form (by mail, in person, or via fax) to
UNLV Student Financial Services
4505 Maryland Parkway
Las Vegas, NV 89154-2016
Fax (702) 895-1353
Phone (702) 895-3424

In compliance with the FERPA Act of 1974 (20 U.S.C. § 1232g; 34 CFR Part 99) and other privacy and confidentiality standards, the information contained in this communication and all attached appendices is confidential. This communication is intended only for the use of the individual or entity named as recipient or addressee. If the reader of this communication is not the intended recipient or addressee you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited authorized by the author/addresser. In addition, if the reader of this communication is not the intended recipient or addressee, you are notified to return all documents related to this notice to the address noted above.

IMPORTANT: Please photocopy for your record.