



## HWRI Nursing Grant Request Form (NGRF) - 2019

**Section 1      Applicant Information      Complete all fields – please print carefully**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Phone Number: (check one) Home  Work  Cell  \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section 2      Student Agreement      Please read carefully and check each box**

- I understand that funding is for eligible activity that occurs during Year 1 of the current HWRI Grant Program, which is January 1, 2019 – December 31, 2019, AND is contingent on funding availability.
- I am providing the required documentation to support this request. I understand that requests submitted without required support documents will not be processed.
- I have applied for financial aid or other scholarship/grants for which I am eligible. See Responsibilities of Program Participants in the HWRI Participant's Guide available on the PDP HWRI website.       YES       NO
- I have listed the amount from any other scholarship, grant or financial aid for the courses I am requesting tuition support on page 3 of this form.
- I will submit my grades upon completion of coursework to the Professional Development Program (PDP) and provide an update on any changes in student status or employment status.
- I understand rebate reimbursement checks for approved expenses I have already paid will be made payable directly to me and I have provided an IRS Form W-9 with my current home address.
- I understand reimbursements paid by the HWRI Grant Program may be considered taxable income and I will follow all federal, state and local requirements regarding reporting and payment of taxes.
- The information on this request form is accurate and true. If it is verified my eligibility was fraudulently documented, I will reimburse The Research Foundation for The SUNY (RF) in the amount paid by the program on my behalf or directly to me.

**Your original signature indicates you have read, understood and agreed to the statements above. Please sign and date.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3      Required Signatures      Please obtain the following signatures**

Educational Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(OMH or DOCCS or OPWDD)

**Please Remember to.....**

- Provide complete information in all sections of this form.
- Sign and date** the agreement (Section 2)
- Get all required signatures** (Section 3)
- Include the following **support documents**:
  - Official itemized tuition bill**
  - Course details/schedule** (if not itemized on the tuition bill)
  - Receipt(s)** for any rebates you request for covered out-of-pocket expenses
  - W-9 form** when requesting a rebate reimbursement
- Be sure to place a check mark in Section 7 if appropriate.**

**Your Agency Representative will send your completed NGRF and support documents to PDP for processing:**

Professional Development Program  
 HWRI Grant Program  
 4 Tower Place, 3<sup>rd</sup> Floor  
 Albany, NY 12203  
 Email: [HWRI@albany.edu](mailto:HWRI@albany.edu)

Contact your mentor with any questions or refer to the PDP HWRI website, [www.pdp.albany.edu/HWRI/](http://www.pdp.albany.edu/HWRI/) for more information.



# PROFESSIONAL DEVELOPMENT PROGRAM

ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY State University of New York

## HWRI Nursing Grant Request Form (Page 2)

### Section 4 Course/Nursing Degree Information

Name of college/training organization: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Provide information for each course you will attend with a start date between January 1 and December 31:

Course Code	Course Name/Title	Course Start Date	Course End Date	Semester

**Applicants applying their grant toward a nursing degree must also provide or update the following information:**

Name of Degree Program: \_\_\_\_\_

Number of credits: required for this program \_\_\_\_\_ completed \_\_\_\_\_ in-progress \_\_\_\_\_ still needed \_\_\_\_\_

Anticipated Graduation Date (month/year) \_\_\_\_\_ / \_\_\_\_\_

### Eligible Expenses

HWRI grant funds can be used to offset the costs for tuition and education-related fee, book, and supply expenses when designated as mandatory by the college or training organization, or required by the nursing program including:

- College application fee
- CLEP exam fee
- Entrance exam fee
- Entrance exam review books
- Entrance exam prep course fee
- Challenge course fee
- CPR/First aid course
- Nursing Course Fee
- Required nursing uniform, including shoes, nursing cap, lab coat, and name pin
- School supplies such as pens, index cards, notebooks, folders and highlighters
- Required clinical supplies such as stethoscope, scissors, penlight, basic watch with second hand, and BP cuff
- Cultural Affairs Fee
- Mandatory Parking Fee
- Mandatory Health Services Fee
- Laboratory Course Fee
- Computer/Technology Fee
- Distance Learning Course Fee
- Mandatory Insurance Fees
- Required Textbooks
- ID Card Fee
- Athletic Fee
- Library Card Fee
- Activity Fee
- Graduation Fee
- NCLEX-RN exam fee
- NCLEX preparation course fee
- NCLEX review books

**Late Payment Fees are NOT covered. If you need to purchase a supply or pay a fee not listed above, please contact the Professional Development Program at (518) 442-6605 or (518) 442-6633 to see if it is a reimbursable expense.**

