



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, 3rd Floor
 Albany, NY 12203
 Email: HWRI@albany.edu

Contact your mentor with any questions or refer to the PDP HWRI website, www.pdp.albany.edu/HWRI/ for more information.



PROFESSIONAL DEVELOPMENT PROGRAM

ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY State University of New York

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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.



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Section 5 Tuition and Fees Request Complete this section for a tuition voucher

- To apply your grant toward tuition and fees you must complete this section of the NGRF to request a voucher. The Professional Development Program/RF does not pay you directly for tuition. It pays the college through a vouchering process.
- Submit this NGRF as soon as possible, preferably prior to the start of the course/semester, along with an itemized tuition bill. If the tuition bill does not list course names/codes include your official course schedule that shows this information. After this NGRF is processed and approved you will receive a tuition award voucher by email from your agency representative. Allow 2-4 weeks for processing.
- As soon as you receive the voucher you are responsible for signing it and bringing it to your college's student accounts office/training institution. The college/training institution will write in the billed amount (not to exceed the award amount noted in the upper right hand corner,) sign it and return it to the PDP HWRI Grant Program by mail or email. Learn more about this process in the HWRI Participant's Guide at www.pdp.albany.edu/HWRI/

Name of College/Training Organization: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Enter total amount of tuition & fees for the courses listed in section 4 of this form:

\$ _____

Enter total anticipated grant from other source(s) – Please specify source(s) below and enter amount to the right:

\$ _____

PEF M/C CSEA TAP PELL
 Other Funding Source _____

Section 6 Rebate Reimbursement Request Complete this section for out-of-pocket expenses

- To apply your grant toward books or supplies you've purchased during the current grant year, that are required for the courses listed in section 4 of this form, you must complete this section of the NGRF to request a rebate reimbursement. The RF pays you directly for approved expenses.
- **Include dated receipts, which list each item and its cost separately, as proof of purchase.** Requests submitted without receipts cannot be processed. Allow at least 4-6 weeks for processing.
- You must include a completed IRS Form W-9 to process your rebate. You can obtain a blank form from our website at www.pdp.albany.edu/HWRI/

Description for Each Item Purchased	Amount
Tax	
Shipping	

Enter total expected rebate amount: (including all tax and shipping)

\$ _____

Section 7 Please check the following declaration if appropriate

- I will not have any other qualifying activities during this year to request use of the remainder of my grant. Please apply any remaining funds from my grant allocation to an allocation for another eligible participant.