PROFESSIONAL DEVELOPMENT PROGRAM
ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY State University of New York

HWRI Nursing Grant Request Form (NGRF) - 2020

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 2 of the current HWRI Grant Program, which is January 1, 2020 – December 31, 2020, 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 realize that delayed submission puts me at risk of losing my grant, at the discretion of my agency.

☐ I have applied/will apply for other scholarship/grants or union tuition reimbursement programs for which I am eligible and I have listed the total amount expected on page 3 of this form. *Please see Responsibilities of Program Participants in the HWRI Participant's Guide available on the PDP HWRI website.* ☐ **YES** ☐ **NO**

☐ 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.

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Section 4	**Course/Nursing Degree Information**	**Provide complete information for parts A and B**

Name of college/training organization: _____ **Student ID#:** _____

A. Provide information for ALL COURSES you plan to attend that begin between January 1 and December 31 of 2020:

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

B. 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

- 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

- 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

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, your agency rep will send you a tuition award voucher by email. Allow 2-4 weeks for processing. *Delaying submission puts you at risk of losing your grant, at agency discretion.
- 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.**