# HWRI Nursing Grant Request Form (NGRF) - 2018

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

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Student ID#:</th>
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<thead>
<tr>
<th>Preferred Phone Number: (check one)</th>
<th>Home</th>
<th>Work</th>
<th>Cell</th>
<th>Email Address:</th>
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## Section 2  Student Agreement  Please read carefully and check each box

- [ ] The information on this request form is accurate and true, and I am providing the required documentation to support this request.
- [ ] I have applied for financial aid or other scholarship/grants for which I am eligible.  
  - [ ] 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 at the completion of this semester/term to the Professional Development Program at the address given below.
- [ ] 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 may be considered taxable income and I will follow all federal, state and local requirements regarding reporting and payment of taxes.
- [ ] I understand that funding is for activity that occurs during Year 2 of the current HWRI grant program, which is January 1, 2018 – December 31, 2018, AND is contingent on funding availability.
- [ ] I will return any unused HWRI grant funds within 30 days of the course start date or award issue date and I will reimburse The Research Foundation for SUNY for all courses if it is verified my eligibility was fraudulently documented.
- [ ] I understand that requests submitted without required support documents will not be processed.

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

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<tr>
<th>Applicant’s Signature:</th>
<th>Date:</th>
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## Section 3  Required Signatures  Please obtain the following signatures

**Educational Mentor:**

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<th>Date:</th>
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**Agency Representative:**  
(OMH or DOCCS or OPWDD)

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<tr>
<th>Date:</th>
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## 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

When complete, this NGRF and support documents may be mailed, or scanned and emailed for processing to:

- Professional Development Program
- HWRI Grant Program
- 4 Tower Place, 3rd Floor
- Albany, NY 12203
- HWRI@albany.edu

Contact your mentor with any questions.
**Section 4  Provide Semester and Coursework Information**

This request is related to coursework completed during the following semester:

<table>
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<tr>
<th>Semester Start Date (month/year)</th>
<th>Semester End Date (month/year)</th>
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List the following information for each course you are scheduled to attend during the semester indicated above:

<table>
<thead>
<tr>
<th>Course Code/Number</th>
<th>Course Name/Title</th>
<th>Course Start Date</th>
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**Covered Expenses**

HWRI grant funds can be used to offset the costs for tuition and education-related fee, book, and supply expenses 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) 442-6671 to see if it is a reimbursable expense.
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 HWRI grant program/RF for SUNY 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 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 or university’s student accounts office. The college 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 HWRI Program by mail or email. You can find more details 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 semester/courses listed in section 4 of this form: $ ________

Total anticipated grant from other source – Please specify source 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 for SUNY pays you directly for approved expenses.
- Include an itemized receipt(s) that lists each item and its cost as well as provides proof of purchase. Requests submitted without receipts cannot be processed. Allow at least 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/

<table>
<thead>
<tr>
<th>Description for Each Item Purchased</th>
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<td>Tax</td>
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Enter total expected rebate amount: (including all tax and shipping) $ ________

The HWRI Grant is funded by the New York State Department of Health (in consultation with NYSDOL) and is administered by The Research Foundation for State University of New York, through the Professional Development Program, Rockefeller College, University at Albany

01/2018