



HWRI Nursing Grant Request Form (NGRF) - 2018

Section 1 Applicant Information Complete all fields – please print carefully

First Name: _____ Last Name: _____ Student ID#: _____
 Preferred Phone Number: (check one) Home Work Cell _____ Email Address: _____

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.

Applicant's Signature: _____ Date: _____

Section 3 Required Signatures Please obtain the following signatures

Educational Mentor: _____ Date: _____

Agency Representative:
 (OMH or DOCCS or OPWDD) _____ Date: _____

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**:
 - o **Official itemized tuition bill**
 - o **Course details/schedule** (if not itemized on the tuition bill)
 - o **Receipt(s)** for any rebates you request for covered out-of-pocket expenses
 - o **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.



PROFESSIONAL DEVELOPMENT PROGRAM

ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY State University of New York

HWRI Nursing Grant Request Form (Page 2)

Section 4 Provide Semester and Coursework Information

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

Semester Start Date (month/year)	Semester End Date (month/year)

List the following information for each course you are scheduled to attend during the semester indicated above:

Course Code/Number	Course Name/Title	Course Start date

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.

