

**Instructions for Applying for an Award through the
Exemption Program for Children of Professional Nurse Faculty and Staff,
Beginning Fall, 2014**

Have you previously received an exemption through this program?

[] Yes [] No

If your answer is **No**:

Submit the “Application for a First-time Award through the Exemption Program for Children of Professional Nurse Faculty and Staff.”

Submit the First-time Award application to your institution **along with a letter from your institution’s human resource (personnel) office**, confirming your parent’s employment.

If your answer is **Yes**:

Submit the “Application for a Renewal Award through the Exemption Program for Children of Professional Nurse Faculty and Staff.”

Beginning fall, 2014, to receive a continuation award the applicant must meet the requirements of Senate Bill 1210, 83rd Legislature, Regular Session. Those requirements are that the student be meeting his/her institution’s grade point average requirement, and that the student has not met the semester credit hour limit for persons enrolled in their degree programs. Your institution can determine whether you meet these requirements. The Renewal Award application has a section to be completed by the institution, certifying the student’s compliance with the grade point average and semester credit hour limit requirements of SB1210.

Submit the Renewal Award application to your institution **along with a letter from your institution’s human resource (personnel) office**, confirming your parent’s employment. The institution will then complete the compliance section of this form.

**Application for a First-time Award through the
Exemption Program for Children of Professional Nurse Faculty and Staff**

Name: _____ Social Security Number: _____
(Last, First, Middle initial)

1. Term in which you wish to use the exemption: _____ / _____
fall, spring, or summer / year

2. To qualify for this exemption, you must have a parent who is (1) employed at the beginning of the semester by the professional nursing program of this institution; or (2) under contract to be employed at some time during this term by the professional nursing program.

a. Name of parent: _____ SSN: _____

b. Which employment situation applies:

i. employed at the beginning of the term as a faculty or staff member of the professional nursing program; or

ii. under contract to be employed as a faculty or staff member at some time during this term

3. What type of degree does your parent hold?

Master's or doctoral degree in nursing

Baccalaureate degree in nursing

4. What is the title of your parent's position in the nursing program? _____

5. Do you hold a baccalaureate (bachelor's) degree? Yes No

6. Are you currently classified as a resident by this institution? Yes No

NOTE: An award recipient must have a statement on file with the institution indicating he or she is registered with the selective service system as required by federal law or is exempt from selective service registration under federal law.

Applicant's Certification Statement

I hereby certify that the information I have provided in this application is true and correct.

Signature

Printed Name

Date

INSTRUCTIONS: Submit this form to your institution **along with a letter from your institution's human resource (personnel) office**, confirming your parent's employment.

Application for a Renewal Award through the Exemption Program for Children of Professional Nurse Faculty and Staff

Name : _____ Social Security Number: _____
(Last, First, Middle initial)

1. Term/calendar year in which you wish to use the exemption: _____ / _____

2. To qualify for this exemption, you must have a parent who is (1) employed at the beginning of the semester by the professional nursing program of this institution; or (2) under contract to be employed at some time during this term by the professional nursing program.

a. Name of parent: _____ SSN: _____

b. Which employment situation applies:

i. employed at the beginning of the term as a faculty or staff member of the professional nursing program; or

ii. under contract to be employed as a faculty or staff member at some time during this term

3. What type of degree does your parent hold?

Master's or doctoral degree in nursing

Baccalaureate degree in nursing

4. What is the title of your parent's position in the nursing program? _____

5. Terms/semesters in which you previously received an exemption through this program:

Term	Year	Term	Year

6. Do you hold a baccalaureate (bachelor's) degree? Yes No

7. Are you currently classified as a resident by this institution? Yes No

NOTE: An award recipient must have a statement on file with the institution indicating he or she is registered with the selective service system as required by federal law or is exempt from selective service registration under federal law.

Applicant's Certification Statement

I hereby certify that the information I have provided in this application is true and correct.

Student's Signature

Printed Name

Date

INSTRUCTIONS: Submit this form to your institution **along with a letter from your institution's human resource (personnel) office**, confirming your parent's employment.

Institution Certification of Compliance

Senate Bill 1210, passed by the 83rd Legislature, Regular Session in 2013, indicates that starting with the fall 2014 term, a person who receives a continuation award through this program must meet the following requirements:

- Be meeting his/her institution's financial aid GPA requirement; and
- If enrolled in a baccalaureate degree program, must not have completed a number of hours prior to the beginning of the term for which the exemption is being applied, that is considered excessive in keeping with Texas Education Code 54.014 (30 hours beyond a degree plan for persons entering college in fall 2006 or later; 45 hours beyond the degree requirements for persons who enrolled as an undergraduate student prior to fall, 2006).

I hereby certify that this applicant meets the GPA requirement for an award, and that he/she has not (will not have) attempted more hours than allowed prior to receiving this award.

Signature of Confirming Official

Printed Name

Title

Date

Institution