

201 KAR 20:390.

Nursing Incentive Scholarship Fund.

June 20, 2024.

- (a) "Nursing Incentive Scholarship Fund Application", 06/24;
- (b) "Nursing Incentive Scholarship Fund Request for Deferral", 06/24;
- (c) "Nursing Incentive Scholarship Fund Contract", 06/24; and
- (d) "Nursing Incentive Scholarship Fund Promissory Note", 06/24.

APPLICATION FOR NURSING INCENTIVE SCHOLARSHIP FUND

[Kentucky Board of Nursing](#)

312 Whittington Parkway, Suite 300 Louisville, KY 40222-5172

### Application Type

Application Type:

Have you ever held a nursing license (LPN, RN, APRN)?

Have you been accepted for admission to a program of nursing?

Have you ever previously received a Nursing Incentive Scholarship Fund award from the Kentucky Board of Nursing?

### General Information - Demographic Information

Salutation:

Full Legal Name Required:

Maiden Name:

**Contact Information**

Physical / Residential address

Mailing address

Phone number

### Kentucky Proof of Residency

You must provide proof of Kentucky residency to proceed. Residency is not related to property ownership in a given state.

Residency can be verified by submission of one of the following documents: Please note that you must provide current information, not future address information. Address changes made after the application has been submitted should be completed in the KBN Nurse Portal via Manage Profile.

### Program of Nursing

What is the name of the program of nursing that has approved you for admission and that you are attending or planning to attend? If you have not been approved for admission by a program of nursing, you are not eligible for the Nurse Incentive Scholarship Fund award.

Name of Education Institution offering the Program of Nursing

Select the Program of Nursing type

Program of Nursing Physical Address

What is the month and year that you are scheduled to begin the nursing program?

What is the expected month and year that you will graduate from the nursing program?

What is the name of the institution (high school, vocational school, college, or university) that you most recently attended?

If you have not previously received an NISF scholarship, please provide an official transcript from the institution you most recently attended showing the reported GPA (or GED score if that is what is selected). Please note that only official transcripts can be accepted. Grade reports, letters of good standing, or unofficial transcripts cannot be accepted. Transcripts without a displayed GPA (or GED score if that is what is selected) will be awarded zero points for that category.

You must provide a copy of the program of nursing acceptance letter or a new program of nursing acceptance letter verifying your enrollment in the above program of nursing. If the acceptance letter was emailed to you, you must "print" or save the original email to pdf to retain its integrity and upload the email pdf.

## Supporting Information

Pursuant to 201 KAR 20:390 Section 3(c), preferential scoring is given to initial award applicants that demonstrate financial need. Financial need can be demonstrated by submitting a FAFSA Submission Summary for the current year. Please be aware that submission of a FAFSA Submission Summary is not required; however, it is strongly recommended, as your application may qualify for preferential scoring based on financial need. If you do not submit a FAFSA Submission Summary at the time that you submit your application, you will have until May 1st to do so. To obtain a FAFSA Submission Summary, you must complete the Free Application for Federal Student Aid (FAFSA). Once your FAFSA is processed, your FAFSA Submission Summary will be provided by email, mail, and/or online portal, depending on your submission method. Please refer to the Student Aid website at [studentaid.gov](http://studentaid.gov) for more information. Please note that you must submit a copy of your FAFSA Submission Summary, not a copy of your Free Application for Federal Student Aid (FAFSA). The FAFSA Submission Summary will contain your Student Aide Index (SAI), an eligibility index number that your school's financial aid office uses to determine how much federal student aid you will receive if you attended the school.

Applications must be received on or before May 1st. Any application that is started before the receipt deadline that is not received by the Board by May 1st will not be eligible for an award. Not all scholarship applicants are eligible for or receive an award. Applicants for the Nursing Incentive Scholarship Fund awards are considered based on the criteria as defined in 201 KAR 20:390 Sections 3-4.

I affirm that all the information reported herein is complete, accurate, and true to the best of my knowledge. I understand that if I am selected to receive an award, I will be required to sign a promissory note and contract to receive NISF funds. If I receive NISF funds and I do not meet the obligation of this program as defined in the contract and promissory note, I will be required to repay the scholarship funds received plus accrued interest. I authorize school officials and my nursing employers to release information requested to the Kentucky Board of Nursing for the purpose of determining scholarship eligibility and compliance.

**Kentucky Board of Nursing**  
**NURSING INCENTIVE SCHOLARSHIP FUND**  
**312 Whittington Pkwy, Suite 300**  
**Louisville, KY 40222-5172**

**REQUEST FOR DEFERRAL**

To be completed by Nursing Incentive Scholarship Fund (NISF) recipient:

\_\_\_\_\_  
Recipient's Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Recipient's Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Area Code/Phone Number

I request deferment of the payment of the principal on my scholarship pursuant to 201 KAR 20:390. The reason for my request for deferment is: [select one below]

I currently have either a disability, a major illness, or have had an accident that prevents me from completing (Temporarily  or Permanently ) the program of nursing in which I am enrolled. A statement from a physician, advanced practice registered nurse, or physician's assistant must be included with the deferment form, confirming that the award recipient's disability, major illness, or accident prevents the award recipient from completing the program of nursing, and stating whether the condition is temporary or permanent.

I have not yet graduated from the program of nursing listed in my most recent Nursing Incentive Scholarship Fund Application; however, I have ceased to be enrolled in this program for the \_\_\_\_\_ semester for reasons ***other than disability, a major illness, or have had an accident.*** The cessation of my enrollment is Temporary  or Permanent . Deferment applies for only 1 academic year.

I currently have either a disability, a major illness, or have had an accident that prevents me from being employed (Temporarily  or Permanently ) as a nurse in Kentucky. A statement from a physician, advanced practice registered nurse, or physician's assistant must be included with the deferment form, confirming that the award recipient's disability, major illness, or accident prevents the award recipient from being employed as a nurse in Kentucky, and stating whether the condition is temporary or permanent.

I agree: 1) that interest shall accrue on the principal balance during the period of deferment; 2) to notify the Kentucky Board of Nursing immediately upon termination of my claimed status; and 3) to provide documentation at least once every six months to support my continued deferment status if based on disability, a major illness, or an accident.

\_\_\_\_\_  
Recipient's Signature Date

\_\_\_\_\_  
OFFICIAL USE ONLY NISF

Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deferment Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Letter Sent: \_\_\_\_\_

**KENTUCKY BOARD OF NURSING**

**NURSING INCENTIVE SCHOLARSHIP FUND CONTRACT**

Comes \_\_\_\_\_ (hereafter, Recipient) and the Kentucky Board of Nursing (hereafter, KBN), who enter into this contract on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and agree to the following terms and conditions:

1. KBN agrees to award Recipient a Nursing Incentive Scholarship (NISF) scholarship in an amount as set by KBN. Respondent is eligible to apply annually for additional scholarship funding as determined by and in accordance with 201 KAR 20:390.
2. Recipient agrees to execute a promissory note to KBN for the amount awarded.
3. Recipient agrees to work as a nurse in Kentucky, part-time or greater, for a period of one year for each academic year funded. Should the work obligation be partially unsatisfied, the amount found to be repayable may be prorated in accordance with the satisfactory portion of such obligation. Only full years of employment shall be counted when calculating prorated satisfaction of multi-year repayment obligations. Should any disciplinary action be taken against Recipient's license, the remaining balance of all NISF scholarships received and accrued interest thereon shall be due and payable.
4. KBN agrees that if Recipient fails the applicable licensure examination, the terms of this contract shall be deferred for up to two (2) years from the date of graduation until Recipient is able to pass the licensure examination. If Recipient has not passed the applicable licensure examination within two (2) years of graduation, the sum of all nursing incentive scholarships received by the recipient, and the accrued interest, shall become due and payable.
5. The repayment and employment requirements stated in this contract do not arise while Recipient remains enrolled in the degree program listed on the NISF scholarship application, and may also be deferred by KBN in the case of disability, major illness, or accident that prevents Recipient from completing a program of nursing or being employed. It shall be Recipient's responsibility to promptly provide any information requested by KBN to sustain a claim of this nature or to demonstrate continuing enrollment. In the event of Recipient's death, all remaining indebtedness as to this contract shall be discharged. In the absence of deferral based on disability, major illness, or accident, upon the completion of a nursing degree and passing the NCLEX, if applicable, repayment begins in accordance with 201 KAR 20:390, either work repayment or monetary repayment. Enrolling in different nursing degree program than the one identified in Recipient's NISF application is not grounds for deferral; however, employment and repayment requirements are not activated when a recipient transfers to the same degree program at a different school.
6. Recipient shall obtain employment as a nurse in Kentucky within six (6) months of licensure (if applicable) or completion of the degree program listed on the NISF scholarship application of the same year (if already licensed as a nurse). Failure of a nurse license holder to obtain employment within this period shall cause the sum of all NISF scholarships received and accrued interest thereon

to become due and payable. This requirement shall not be tolled by reason of Recipient's enrollment in an educational program, whether or not related to nursing.

7. Recipient shall notify KBN within ten (10) days of obtaining employment as a nurse in Kentucky. Thereafter, Recipient shall send verification as required by KBN of continued employment until the obligation imposed by this contract is met.
8. Recipient shall notify KBN of any change of address, email address, and phone number within three (3) days of the change.
9. Recipient shall notify KBN of all changes in enrollment status and any action that may be inconsistent with the terms and conditions of this contract within ten (10) days of such time. (Examples: graduation, disenrollment from nursing program for reason other than graduation, termination of employment, disciplinary action taken against license, etc.)
10. This contract may be terminated by mutual agreement of the parties involved. Termination of this contract, however, does not release Recipient from indebtedness to KBN-NISF related to remaining balance of all NISF scholarships received and accrued interest thereon, which shall be due and payable.

SIGNATURE OF KENTUCKY BOARD OF NURSING

SIGNATURE OF RECIPIENT

I hereby certify that \_\_\_\_\_ signed this before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

SEAL

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**KENTUCKY BOARD OF NURSING**  
**NURSING INCENTIVE SCHOLARSHIP FUND (NISF) PROMISSORY NOTE**

Upon verified completion of the degree program specified in my NISF scholarship application and verified completion of the required employment, as determined pursuant to my NISF contract and 201 KAR 20:390, the remaining unpaid debt evidenced by this promissory note shall be forgiven as an interest free scholarship.

Otherwise, for value received in the amount of \$\_\_\_\_\_ from the Kentucky Board of Nursing (KBN) on behalf of the Nursing Incentive Scholarship Fund (NISF), I, the undersigned Maker, promise, subject to the conditions contained in this promissory note and 201 KAR 20:390, to pay to NISF (or any subsequent holder of this promissory note) the foregoing principal amount plus interest at the simple annualized rate of eight percent (8%). Interest shall accrue daily from the date of disbursement of the principal amount on behalf of the Maker.

1. I agree that I shall, upon written demand by KBN on behalf of NISF (or by any subsequent holder of this promissory note) sent to my last known address, immediately repay the entire outstanding balance of principal and accrued interest if I:
  - (A) Fail to enroll in the nursing degree program listed on my NISF scholarship application;
  - (B) Cease, prior to the completion of the program, to be enrolled in the nursing degree program listed on my NISF scholarship application (other than by reason of inter-semester vacations or leaves of absence authorized by the program);
  - (C) Fail to pass the NCLEX relevant to my degree program within two (2) years of graduation, or, if a prelicensure APRN program fail to obtain APRN certification within two (2) years of graduation;
  - (D) Fail to meet the employment duration requirement (unless excused by KBN);
  - (E) Make any false or incomplete representations of material fact in applying for or receiving any benefits under 201 KAR 20:390. Interest shall continue to accrue on any outstanding portion of the principal until the debt is paid in full. Acceptance of any partial payment of principal or interest shall not constitute a waiver of unpaid portions of principal and interest, absent an agreement signed by an approved officer of KBN (or any subsequent holder of this note) authorized to waive payment of the remaining balance. Election by KBN (or any subsequent holder of this note) not to take legal action to recover any portion of this debt when due shall not, by reason of estoppel, preclude subsequent action for recovery. I further agree to pay any and all attorney fees and other costs of collection authorized by law, which are necessary for the collection of any amount payable under this promissory note.
  - (F) Should my enrollment in the nursing degree program listed on my NISF scholarship application be delayed or interrupted for any reason other than an approved deferment pursuant to 201 KAR 20:390 §7(3-5), KBN will continue with default procedure including collection of sums due pursuant to the contract and 201 KAR 20:390 until such time that I produce proper documentation showing that I have come within compliance of all terms of this promissory note and accompanying contract; however, after the board refers a debt to a third party for collection, a recipient shall not be eligible for deferment or to otherwise cure the recipient's breach, other than through payment of all sums owed to the board.
2. KBN and I may agree to a repayment schedule and/or deferment in accordance with 201 KAR 20:390. There shall be no penalty for prepayment of all or any portion of the principal hereunder. Since interest accrues daily on the outstanding loan balance, I will not be entitled to a refund of any interest.
3. I shall promptly notify KBN (or any subsequent holder of this note), in writing, of any change of address, enrollment status, deferment condition or pertinent employment status. Employment and repayment obligations are not deferred or tolled as a consequence of my enrollment in a different degree program than the one specified in my NISF application; however, employment and repayment requirements are not activated when a recipient transfers to the same degree program at a different school .

4. I hereby warrant and covenant that all representations and assurances of fact made by me or provided on my behalf in requesting or receiving the proceeds of this scholarship or other benefits pursuant to applicable regulations are true, accurate, and complete.
5. I may not assign, delegate, or otherwise transfer any interest, right, or obligation, arising hereunder.
6. I understand that this document, which encompasses both a promissory agreement as well as the accompanying contractual agreement, is executed pursuant to, and is to be administered and interpreted in all respects in accordance with, the terms of applicable regulations now or hereafter in effect. The foregoing regulations are incorporated herein by reference. The terms and conditions of this promissory note shall be deemed automatically amended to conform to any addition, omission, or other change permitted or required by duly enacted law or administrative regulation. The terms and conditions of this promissory note may otherwise be amended by mutual written consent of the parties.
7. The place of making and/or performance of the obligations hereunder shall be deemed to be Louisville, Kentucky. For the purpose of resolving any conflict between the laws of several states, the laws of the Commonwealth of Kentucky shall govern. Venue of any legal action necessary to recover amounts due under this note shall be Jefferson County, Kentucky.
8. This note may be consolidated with prior and subsequent notes under NISF into one aggregate indebtedness for the purposes of billing and collection, and any forgiveness of said aggregate indebtedness may be apportioned among said notes in accordance with applicable regulations now or hereafter adopted.
9. Default: For purpose of this promissory note, "default" means any situation in which the debtor does not meet the obligations of KENTUCKY BOARD OF NURSING, NURSING INCENTIVE SCHOLARSHIP FUND CONTRACT. Upon failure to repay any portion of this note when due, including failure to repay any installment under a repayment schedule, the entire outstanding balance of principal and accrued interest shall be immediately due and payable. In the event of said default, if judgment is rendered on the debt, then the annual interest rate shall be a rate determined in accordance with applicable regulations from the date of said judgment until the principal is repaid in full. Should I be deemed to have entered into default status, KBN will engage in collection efforts as allowed by law.

RECIPIENT'S NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 Please Print

COMPLETE HOME ADDRESS \_\_\_\_\_  
 Street City State Zip

SCHOOL \_\_\_\_\_ PROGRAM TYPE ADN/BSN/GRD/LPN SCHOOL TERM yyyy-yyyy  
 Complete Name of School Circle one

RECIPIENT'S SIGNATURE \_\_\_\_\_  
 I hereby certify that \_\_\_\_\_ signed this before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_ S E A L State of \_\_\_\_\_  
 My Commission Expires \_\_\_\_\_