

## KENTUCKY BOARD OF NURSING NURSING INCENTIVE SCHOLARSHIP FUND APPLICATION PROCESS – READ FIRST

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### General Information

The Nursing Incentive Scholarship Fund (NISF) provides scholarships to Kentucky residents attending approved LPN, ADN, BSN, or graduate nursing programs. The scholarship requires that after graduation the recipient must work the equivalency of full-time as a nurse in Kentucky for one year for each academic year funded. If the recipient does not complete the nursing program within the time frame specified by the program, or does not complete the required work obligation, then the recipient will be required to repay any funding awarded, plus accrued interest. NISF recipients are selected individually using specified criteria outlined in regulation 201 KAR 20:390. The amount of each scholarship is \$3,000 per year (\$1,500 per semester). NISF scholarships are mailed directly to the recipient and may be used for cost of living expenses, as well as school expenses.

Students in prelicensure (LPN & RN) and BSN completion nursing programs must complete a minimum of 15 credit hours per academic year (August – July) of published requirements for the nursing program for each \$3,000 scholarship awarded. Graduate nursing programs require completion of 9 credit hours per academic year. Students must maintain a minimum grade point average, which will allow continuation in a nursing program. The required minimum number of credit hours can be divided between the fall, spring, and summer sessions.

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### Qualifications and Preference Categories

NISF applicants must be a Kentucky resident and must have been admitted to a program of nursing completing core nursing courses. The nursing program does not have to be located in Kentucky to qualify. Prerequisite classes are not covered by the scholarship.

Applications are selected based on the following criteria:

- Financial need. To meet the financial need preference category, remember to apply early online at <https://studentaid.ed.gov/sa/fafsa> or contact the financial aid office through the school you are attending. See the FASFA instruction page for more information on qualifying.
- Practical nurses pursuing registered nurse education or registered nurses pursuing BSN and graduate nursing education.
- GPA
- Years of experience in the health care field, up to 5 years.

Scholarship recipients may be eligible to receive a continuation of funding if successful academic progression is maintained throughout the nursing program until program completion. An application must be submitted for a continuation of funding each academic year by the **JUNE 1** deadline.

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### Submitting Your Application

A completed application must be postmarked by **JUNE 1** and mailed to the address below.

Nursing Incentive Scholarship Fund  
Kentucky Board of Nursing  
312 Whittington Pky, Suite 300  
Louisville, KY 40222-5172

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### Application Deadline

Applications are accepted January 1 through June 1 for the academic year beginning the following August. Applications that are not postmarked by the **JUNE 1** deadline date will be considered ineligible.

Notification letters will be mailed in September to the mailing address provided on the application.

## KENTUCKY BOARD OF NURSING INSTRUCTIONS FOR COMPLETING THE NISF APPLICATION PROCESS

IMPORTANT: Follow all instructions carefully when completing the NISF application. Remember, any error or omission of information could result in the delay or denial of your application. Use this page as a checklist to make sure that all required steps have been completed. If you have any questions please contact Jessica Hill, NISF Program Coordinator, at [JessicaM.Hill@ky.gov](mailto:JessicaM.Hill@ky.gov) or 502-429-7179.

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### Checklist

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- All signatures on the application form have been provided.
- A phone number has been provided where you can be reached during the day or where a message can be left. Include an email address, if applicable, where you can be reached.
- All questions have been answered completely. Fill in all appropriate circles and boxes. Do not leave any questions blank. Applications will not be considered until all information has been provided, specifically all required signatures, GPA, and expected date of program completion. Applications will be sent back or denied if any questions have been left blank.
- Retain a copy of the completed application form and all attached forms for your records.

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### The Following **MUST** be Included with the NISF Application

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#### SECTION C: VERIFICATION OF STUDENT STATUS

The administrator of the nursing program you are enrolled in must complete this portion. If the applicant does not have a post-secondary GPA, please include the applicant's high school GPA.

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### The Following **MAY** be Included with the NISF Application

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#### A COPY OF YOUR STUDENT AID REPORT

If you want to qualify for the financial need preference category, include a copy of your Student Aid Report (SAR) for consideration. The date of the SAR must match the academic year for which you are applying for funding.

#### WHERE DO YOU GET A STUDENT AID REPORT?

The Free Application for Federal Student Aid (FAFSA) may be obtained from the financial aid office at the school you are attending. The financial aid officer is the best source of information for applying for the FAFSA, so check with that office to ensure you have completed all the required forms. Follow the instructions to complete and submit the form to the proper agency. The College Scholarship Service or the U.S. Department of Education will send you a Student Aid Report (SAR) upon completion. It takes several weeks to process an SAR, so apply early. In-depth information about the FAFSA and what to expect after you submit your FAFSA application can be found at <https://studentaid.ed.gov/sa/fafsa/filling-out/help>.

Submit only a copy of the SAR with your application, and include all pages of the SAR. The report will have your Expected Family Contribution (EFC #) on it. Do not submit the actual FAFSA or the electronic application to the Kentucky Board of Nursing.

All applications received by the **JUNE 1** deadline will be given the same consideration. Funding is not awarded on a first-come, first-served basis.



\_\_\_\_\_  
Applicant's Name (print clearly) Social Security # (print clearly)

**Section C: Student Status Verification**

**NURSING PROGRAM ADMINISTRATOR: Please complete the portion below and return it to the student.**

\_\_\_\_\_  
School Name (print clearly)

\_\_\_\_\_  
Street Address (print clearly)

\_\_\_\_\_  
City (print clearly) State Zip Code (print clearly)

\_\_\_\_\_  
Telephone Number (print clearly) Type of Nursing Program:  
 LPN  ADN  BSN  Graduate (Graduate Type:\_\_\_\_\_)

\_\_\_\_\_  
Beginning Date for Nursing Program Expected Date of Completion

\_\_\_\_\_  
Number of Credit Hours Estimated for Completion Grade Point Average [If no post-secondary GPA, use high school GPA]

\_\_\_\_\_  
Name of Administrator (print clearly)

\_\_\_\_\_  
Title of Administrator (print clearly)

\_\_\_\_\_  
Email Address of Administrator (print clearly) USE SEPARATE BOX FOR "DOT"

\_\_\_\_\_  
Administrator's Signature Date

**Section D: Certification and Release of Information**

**APPLICANT: Sign and date the certification and authorization for release of information.**

I affirm that all the information reported is complete, accurate, and true to the best of my knowledge. I understand that if I do not meet the obligation of this program, I will be required to repay the scholarship funds received plus accrued interest. I understand that I will be required to sign a promissory note and contract to receive NISF funds.

I authorize school officials to release the information requested to the Kentucky Board of Nursing for the purpose of determining eligibility for nursing loan assistance.

\_\_\_\_\_  
Applicant's Signature Date

**Deadline Date: Postmarked by June 1**

**By June 1, mail the completed application form to: Nursing Incentive Scholarship Fund  
Kentucky Board of Nursing – 312 Whittington Pky, Ste 300  
Louisville, KY 40222-5172**

If you have questions, e-mail [JessicaM.Hill@ky.gov](mailto:JessicaM.Hill@ky.gov) or call Jessica at 502-429-7179.