

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
UNIVERSITY OF MISSISSIPPI HEALTH CARE
HEALTH CARE PROFESSIONS STUDENT LOAN

SUPPLEMENTAL QUESTIONS

1. Have you ever been disciplined or discharged by an employer or forced to resign? ___Yes ___No

If yes, please explain all occurrences:

2. Explain any gaps in employment of one month or more.

3. If you are a UMC employee, are you in your 90-day probationary period? ___Yes ___No

4. Have you EVER been convicted of a felony? ___Yes ___No

If YES, indicate below the Charge/Offense, Date of Occurrence, Arresting Agency/Location and Court Disposition for each and every Charge/Offense DO NOT ASSUME CHARGES OR CONVICTIONS HAVE BEEN REMOVED. Falsification or omission of information will affect your eligibility status as an applicant for a position and jeopardize your eligibility status for future positions. If NO, indicate with N/A.

5. Have you EVER been convicted of a Misdemeanor, a crime, paid a fine, forfeited a bond, been sentenced (by a judge) to perform community service, pled nolo contendere (no contest), pled guilty, been given a suspended sentence, or been sentenced to jail or prison time? ___Yes ___No

If YES, indicate below the Charge/Offense, Date of Occurrence, Arresting Agency/Location and Court Disposition for each and every Charge/Offense DO NOT ASSUME CHARGES OR CONVICTIONS HAVE BEEN REMOVED. Falsification or omission of information will affect your eligibility status as an applicant for a position and jeopardize your eligibility status for future positions. If NO, indicate with N/A.

I certify that I have read the additional notice to all student loan recipients.

Applicant's Signature

Date

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TAX FORM

I. WHY IS THIS LOAN A TAXABLE BENEFIT?

Per IRS regulations and a U.S. Tax Court decision, a forgiveness of debt through employment with a single employer creates a taxable benefit to the borrower. The withholding amount is subject to the employee's withholding status on IRS Form W-4 filed with UMMC.

II. DOCUMENTS NEEDED BY STUDENT LOANS RECEIVABLE TO BEGIN TAXING:

The following items must be submitted to the Office of Nurse Recruitment

- A. Hire Date – The actual date an employee is employed as Registered Nurse.
- B. Employee Identification Number (ID) – Payroll can only begin withholding by using ID number, not social security number.
- C. Board Pass Date – This date is needed if recipients are hired prior to passing boards.

III. REASONS WHY DOCUMENTS ARE NEEDED PROMPTLY:

- A. To update Student Loans Receivable database.
- B. Student Loans Receivable forwards information to the Payroll Office. The Payroll Office will update their system to begin withholding.
- C. To prevent the employee from being taxed retroactively.
For Example: If the RN began employment January 1, 2009 and the required documents are received February 13, 2009, the RN will be taxed for a total of four pay periods in one paycheck.

Signature

Date

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WAIVER

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street
Jackson, Mississippi 39216-4505

(TO BE COMPLETED BY UMC ONLY)

_____ EMPLOYED _____
_____ POSITION _____
_____ SUPERVISOR _____
REGARDING _____ S.S.# _____

To Whom It May Concern:

The above named applicant has applied for employment with The University of Mississippi Medical Center and has given us written authorization to inquire into her/his employment background.

In order that full consideration may be given the applicant, we would appreciate a frank appraisal (on the reverse of this form) of the individual's work performance. Be assured that information furnished by you will be used only in connection with this application and will be treated confidentially.

Since this information will have a direct bearing upon this individual's employment, a prompt reply would be appreciated.

Sincerely,

Office of Nurse Recruitment

I hereby authorize The University of Mississippi Medical Center to conduct any investigation it deems appropriate and hereby authorize and request former employers, personal references and schools to release any information that may be sought, I hereby release, acquit, and agree to hold harmless from any and all resulting liability, and a covenant not to sue, any former employer or other person providing information sought in connection with this application. A copy of this agreement will be deemed to serve the same purposes as the original.

Applicant's Signature

Date

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STUDENT REFERENCE FORM #1

Applicant Name: _____
Last First Middle Initial

The student referenced above has applied for the Health Care Professions Student Loan (HCPSL) Program at University of Mississippi Health Care (UMHC) and listed you as a reference. UMHC is requesting information that will assist in selecting exceptional employees. Your evaluation of the applicant's qualifications will be greatly appreciated. Please complete the form below and enclose in a sealed envelope and return to applicant.

Applicant Information

In what capacity do you know the applicant?

Previous/Current Employer _____
Name of Employer

Instructor/Faculty Member _____
Name of School/Institution

How long have you known the applicant? _____

Do you recommend the applicant for the Health Care Professions Student Loan Program? Yes No

Please provide details for your decision:

Please rate the applicant for the following characteristics:

	Excellent	Good	Average	Fair	Poor
Dependability	5	4	3	2	1
Attitude/Cooperation	5	4	3	2	1
Attendance	5	4	3	2	1
Work Ethic	5	4	3	2	1

Signature _____ Title _____

Printed Name _____ Phone Number _____

Email address _____ May we contact you directly? Yes No

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STUDENT REFERENCE FORM #2

Applicant Name: _____
Last First Middle Initial

The student referenced above has applied for the Health Care Professions Student Loan (HCPSL) Program at University of Mississippi Health Care (UMHC) and listed you as a reference. UMHC is requesting information that will assist in selecting exceptional employees. Your evaluation of the applicant's qualifications will be greatly appreciated. Please complete the form below and enclose in a sealed envelope and return to applicant.

Applicant Information

In what capacity do you know the applicant?

Previous/Current Employer _____
Name of Employer

Instructor/Faculty Member _____
Name of School/Institution

How long have you known the applicant? _____

Do you recommend the applicant for the Health Care Professions Student Loan Program? Yes No

Please provide details for your decision:

Please rate the applicant for the following characteristics:

	Excellent	Good	Average	Fair	Poor
Dependability	5	4	3	2	1
Attitude/Cooperation	5	4	3	2	1
Attendance	5	4	3	2	1
Work Ethic	5	4	3	2	1

Signature _____ Title _____

Printed Name _____ Phone Number _____

Email address _____ May we contact you directly? Yes No

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RULES AND REGULATIONS ACKNOWLEDGMENT

I understand that, if I fail to repay any student loan as agreed, the total student loan may become due and payable immediately and legal action could be taken against me. I further understand that if I default on my student loan payments, information regarding such defaults may be disclosed to credit bureau organizations.

I also understand that my student loan will be turned over to a collection agency, if it becomes delinquent, and promise to pay all attorney's fees and other collection costs and charges necessary for the collection of any amount not paid when due.

I have read and I understand all of the above and I hereby agree to abide by all of the rules and regulations for the Health Care Professions Student Loan Program as set forth by the University of Mississippi Medical Center.

Signature_____

Date_____

For purpose of application and questions of procedure contact:

The Office of Nurse Recruitment
University of Mississippi Health Care
601-815-7004



Private Education Loan Applicant Self-Certification

OMB No. 1845-0101
Form Approved
Exp. Date 02-28-2013

Important: Pursuant to Section 155 of the Higher Education Act of 1965, as amended, (HEA) and to satisfy the requirements of Section 128(e)(3) of the Truth in Lending Act, a lender must obtain a self-certification signed by the applicant before disbursing a private education loan. The school is required on request to provide this form or the required information only for students admitted or enrolled at the school. Throughout this Applicant Self-Certification, "you" and "your" refer to the applicant who is applying for the loan. The applicant and the student may be the same person.

Instructions: Before signing, carefully read the entire form, including the definitions and other information on the following page. Submit the signed form to your lender.

SECTION 1: NOTICES TO APPLICANT

- Free or lower-cost Title IV federal, state, or school student financial aid may be available in place of, or in addition to, a private education loan. To apply for Title IV federal grants, loans and work-study, submit a Free Application for Federal Student Aid (FAFSA) available at www.fafsa.ed.gov, or by calling 1-800-4-FED-AID, or from the school's financial aid office.
- A private education loan may reduce eligibility for free or lower-cost federal, state, or school student financial aid.
- You are strongly encouraged to pursue the availability of free or lower-cost financial aid with the school's financial aid office.
- The financial information required to complete this form can be obtained from the school's financial aid office. If the lender has provided this information, you should contact your school's financial aid office to verify this information and to discuss your financing options.

SECTION 2: COST OF ATTENDANCE AND ESTIMATED FINANCIAL ASSISTANCE

If information is not already entered below, obtain the needed information from the school's financial aid office and enter it on the appropriate line. Sign and date where indicated.

- A. Student's cost of attendance for the period of enrollment covered by the loan \$ _____
- B. Estimated financial assistance for the period of enrollment covered by the loan \$ _____
- C. Difference between amounts A and B \$ _____

WARNING: If you borrow more than the amount on line C, you risk reducing your eligibility for free or lower-cost federal, state, or school financial aid.

SECTION 3: APPLICANT INFORMATION

Enter or correct the information below.

Full Name and Address of School _____

Applicant Name (last, first, MI) _____ Date of Birth (mm/dd/yyyy) ____ / ____ / ____

Permanent Street Address _____

City, State, Zip Code _____

Area Code / Telephone Number Home () _____ Other () _____

E-mail Address _____

Period of Enrollment Covered by the Loan (mm/dd/yyyy) From ____ / ____ / ____ to ____ / ____ / ____

If the student is not the applicant, provide the student's name and date of birth.

Student Name (last, first, MI) _____ Student Date of Birth (mm/dd/yyyy) ____ / ____ / ____

SECTION 4: APPLICANT SIGNATURE

I certify that I have read and understood the notices in Section 1 and, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of Applicant _____ Date (mm/dd/yyyy) _____

SECTION 5: DEFINITIONS

Cost of attendance is an estimate of tuition and fees, room and board, transportation, and other costs for the period of enrollment covered by the loan, as determined by the school. A student's cost of attendance may be obtained from the school's financial aid office.

Estimated financial assistance is all federal, state, institutional (school), private, and other sources of assistance used in determining eligibility for most Title IV student financial aid, including amounts of financial assistance used to replace the expected family contribution. The student's estimated financial assistance is determined by the school and may be obtained from the school's financial aid office.

A **lender** is a private education lender as defined in Section 140 of the Truth in Lending Act and any other person engaged in the business of securing, making, or extending private education loans on behalf of the lender.

A **period of enrollment** is the academic year, academic term (such as semester, trimester, or quarter), or the number of weeks of instructional time for which the applicant is requesting the loan.

A **private education loan** is a loan provided by a private education lender that is not a Title IV loan and that is issued expressly for postsecondary education expenses, regardless of whether the loan is provided through the school that the student attends or directly to the borrower from the private education lender. A private education loan does not include **(1)** An extension of credit under an open-end consumer credit plan, a reverse mortgage transaction, a residential mortgage transaction, or any other loan that is secured by real property or a dwelling; or **(2)** An extension of credit in which the school is the lender if the term of the extension of credit is 90 days or less or an interest rate will not be applied to the credit balance and the term of the extension of credit is one year or less, even if the credit is payable in more than four installments.

Title IV student financial aid includes the Federal Pell Grant Program, the Academic Competitiveness Grant (ACG) Program, the Federal Supplemental Educational Opportunity Grant (FSEOG) Program, the Leveraging Educational Assistance Partnership (LEAP) Program, the Federal Family Education Loan Program (FFELP), the Federal Work-Study (FWS) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, the Federal Perkins Loan Program, the National Science and Mathematics Access to Retain Talent Grant (National SMART Grant) Program, and the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program. To apply for Title IV federal grants, loans, and work-study, submit a Free Application for Federal Student Aid (FAFSA), which is available at www.fafsa.gov, by calling 1-800-4-FED-AID, or from the school's financial aid office.

SECTION 6: PAPERWORK REDUCTION NOTICE

Paperwork Reduction Notice: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0101. The time required to complete this information collection is estimated to average 0.25 hours (15 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have any comments or concerns regarding the status of your individual submission of this form, contact your lender.