Nurse Education Assistance Loan Program: Student Inquiry Form

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO THE OHIO DEPARTMENT OF HIGHER EDUCATION (ODHE)

Name & Address Information

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>SSN: XXX - XX - __________  (last four digits only)</th>
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<tbody>
<tr>
<td>Name:</td>
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Is your address/contact information currently on file at ODHE correct?

☐ YES  ☐ NO (If not, please make corrections in the spaces below.)

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address:</td>
<td></td>
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E-mail address:        Phone:

Enrollment Information

1. Are you currently pursuing a nursing license/degree? ☐ YES  ☐ NO

2. Name of School: __________________________________________

3. Graduation Date (Month/Year):
   Actual: ______      Projected: ______

4. Signature of School Representative

   Name: _______________________________________________________
   Title: _______________________________________________________
   Phone: _______________________________________________________

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Office of Financial Aid
25 South Front Street
Columbus, Ohio 43215-3414

Nurse Education Assistance Loan Program
Phone: (614) 466-3561
Fax: (614) 466-5866
Repayment of the outstanding principal amount of the loan plus interest shall be made to the Ohio Department of Higher Education NEALP and shall begin on the occasion of one of the following events:

1. The borrower drops out of school without an approved deferment;
2. The borrower is not in good academic standing for more than two consecutive terms;
3. The borrower drops out of the approved nurse education program;
4. The borrower fails to complete the total service obligation;
5. The borrower completes the total service obligation.

Repayment of the principal amount of the loan and interest shall be deferred during the following periods:

1. While the borrower is enrolled in an approved nurse education program, provided that the borrower continues to meet all eligibility requirements;
2. While the borrower is seeking employment to fulfill the service obligation, during a period not to exceed six months;
3. While the borrower is fulfilling the service obligation;
4. During a period not to exceed one calendar year, after which time a borrower has failed the state board examination for the first time. This deferment period shall end thirty days after the borrower passes the state board examination on the second attempt. If the borrower fails to pass the state board examination on the second attempt, the loan shall go into repayment immediately;
5. A deferment of the service obligation may be granted for up to one year for any circumstances which constitute an unusual hardship, as judged by the Ohio Department of Higher Education. These circumstances may include serious illness, pregnancy, disability, inability to secure employment, or involuntary termination of employment.

☐ I do not qualify for any of the deferments listed above.

Comments:

________________________________________________________________________________________

YOUR SIGNATURE  DATE

MAIL OR FAX THIS COMPLETED FORM TO THE OHIO DEPARTMENT OF HIGHER EDUCATION

(CONTACT INFORMATION AT THE TOP OF PAGE ONE)