



STUDENT FINANCIAL AID

ACADEMIC AFFAIRS

Academic Year 2009-2010

Attention Student:

You have accepted the Nursing Loan at the University of Maryland, Baltimore. Before a scheduled disbursement can be issued, **you must print and return** the following information to the Financial Aid Office:

- ❖ **Print your name, social security number, and the accepted amount of your loan (as indicated on your SIMSWEB account) on page 1 of the notes. The accepted amount cannot exceed the amount offered by the university.**
- ❖ **Sign and return two (2) copies (original signatures required) of the Nursing Loan Promissory Notes (pages 1 and 2) (Faxed copies will not be accepted)**
- ❖ **Return one (1) copy of the Loan Entrance Interview forms (sign pages 1 and 2)**
- ❖ Parents' information on the Loan Entrance Interview form **is required for all borrowers regardless of dependency status**
- ❖ Sibling information on the Loan Entrance Interview form is required (If applicable to your household)
- ❖ Provide **two (2) personal references with complete U.S. addresses**
References cannot be your parents
References cannot reside with each other, you, your siblings, or your parents
References' addresses cannot be P.O. Boxes
- ❖ **(All student borrowers)**
Return a **signed** copy of your **2008 Student/Spouse Federal Income Tax Return**
(Or your 2008 tax return extension forms with W-2's attached)
- ❖ **(Dependent Students Only)**
Return a **signed** copy of your **Parents' 2008 Federal Income Tax Return**
(Or their 2008 tax return extension forms with W-2's attached)
- ❖ **Non-tax filers** must complete and submit the **2009-2010 Non-Tax Filers Certification Form** available online at <http://www.umaryland.edu/fin/forms.html>.

Contact the Financial Aid Office at 410-706-7347 with any questions concerning this process.

NOTE: If the requested documents aren't returned within 45 days of the date you were notified of this award, your award is subject to cancellation.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
PUBLIC HEALTH SERVICE (PHS)
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS- GUIDANCE

NURSING STUDENT LOAN PROGRAM (Page 1)

MASTER PROMISSORY NOTE- SINGLE
FOR LOANS MADE ON OR AFTER NOVEMBER 13, 1998

I, _____, Social Security Number _____, hereinafter called the Borrower, promise to pay the University of Maryland, Baltimore, hereinafter called the Institution, located at Baltimore, Maryland, the sum of \$ _____ (or so much thereof as may from time to time be advanced to me and endorsed on the schedule of advances, which schedule will be made a part of this note) with interest at a rate of FIVE PERCENT (5%) per annum, together with all attorney's fees, collection agent costs, and other related costs and charges for the collection of any amount not paid when in default according to the terms of this Promissory note.

The Borrower and the Institution further understand and agree that:

- 1) **Consolidation** (Section 722 Public Health Service Act, 42 CFR 57.208): If the institution makes more than one loan, with the same repayment terms, to the Borrower under the Nursing Student Loan program, the sum of the amounts advanced to the Borrower shall be consolidated for purposes of repayment. Each payment made by the Borrower to the Institution shall be applied first to interest which has accrued on the unpaid principal balance and then to the principal sum of the total loan.
- 2) **Repayment** (Section 836 Public Health Service Act, 42 CFR 57.310):
 - a. Repayment shall be made in equal or graduated periodic installments within a ten year repayment period, except that the Institution may require repayment to be made in an amount equal to not less than \$40 per month. The ten year repayment period begins nine months after the Borrower ceases to be full-time or half-time student (as defined by the Institution) at a school eligible to participate in the Nursing Student Loan program. The repayment period shall not be less than ten years, nor more than 25 years, at the discretion of the Institution. Periods of authorized deferment are not included as part of the repayment period.
 - b. The terms and conditions of repayment shall be set forth in a separate repayment schedule which is approved by the Institution and agreed to by the Borrower. Payments under the repayment schedule shall be made to the Institution or its representative no less often than quarterly, except that if the Borrower is more than 60 days past due on a payment, the remaining balance of the loan shall be repaid on a monthly basis.
- 3) **Interest** (Section 836 Public Health Service Act, 42 CFR 57.310): Interest shall accrue from the beginning of the repayment period.
- 4) **Deferment** (Section 836 Public Health Service Act, 42 CFR 57.310): Periodic installments of principal and interest need not be paid, and interest shall not accrue, while the Borrower: (a) serves on active duty as a member of a uniformed service of the United States, for up to three years; (b) serves as a volunteer under the Peace Corps Act, for up to three years; (c) pursues, for up to ten years, a full-time or half-time course of study at a collegiate school of nursing leading to a baccalaureate degree in nursing or equivalent degree, or a graduate degree in nursing, or otherwise pursues advanced professional training in nursing or training to be a nurse anesthetist. Advanced professional training shall include full-time or half-time training, beyond the first diploma or degree in nursing received by the particular borrower, of at least 1 academic year which will advance the borrower's knowledge of and strengthen his or her skills in the provision of nursing services.
- 5) **Prepayment** (Section 836 Public Health Service Act, 42 CFR 57.310): The Borrower may, at his or her option and without penalty, prepay all or any part of the principal and accrued interest at any time.
- 6) **Exit Interview** (Section 836 Public Health Service Act, 42 CFR 57.310): The Borrower agrees to attend an exit interview prior to completing or terminating full or half-time student status at the Institution.
- 7) **Default** (Section 835 Public Health Service Act, 42 CFR 57.302): If the Borrower fails to make an installment payment when due or fails to comply with any other term of this Promissory Note, the loan will be considered in default.
- 8) **Late Charge** (Section 836 Public Health Service Act, 42 CFR 57.310): The Institution shall assess a late penalty charge for failure of the Borrower to pay all or any part of an installment, or for failure to file satisfactory evidence of entitlement to

deferment, if so entitled, at a rate, not to exceed an amount equal to 6 percent, as determined by the Institution, of the amount of such installment, on loans more than 60 days past due.

- 9) **Acceleration** (Section 836 Public Health Service Act, 42 CFR 57.308): If the Borrower fails to make a scheduled payment or fails to comply with any other term of this Promissory Note, the entire unpaid balance of the loan, including interest due and accrued and any applicable penalty charges, will, at the option of the Institution, become immediately due and payable.
- 10) **Credit Bureaus** (Section 836 Public Health Service Act, 42 CFR 57.310): The Institution may disclose the Borrower's loan, and any other relevant information, to credit bureaus. If the Borrower is more than 120 days past due in making a scheduled repayment, the Institution will disclose the Borrower's delinquent status, and any other relevant information, to credit bureaus.
- 11) **Collection Agents, Litigation, and Withholding of Services** (Section 836 Public Health Service Act, 42 CFR 57.310): If the Borrower fails to make a scheduled repayment, or fails to comply with any other term of this Promissory Note, the Institution may: (a) refer the Borrower's loan to a collection agent for further collection efforts; (b) initiate legal proceedings against the Borrower; (c) withhold Institutional services, such as transcripts and letters of recommendation, from the Borrower; (d) refer the Borrower's loan to the Secretary of the U.S. Department of Health and Human Services (DHHS) for collection assistance, including offset of Federal salaries; and (e) obtain the Borrower's address from the Internal Revenue Service, through the Secretary, if the Institution has no current address for the Borrower.
- 12) **Death or Disability** (Section 836 Public Health Service Act, 42 CFR 57.311): In the event of the Borrower's total and permanent disability or death, the unpaid indebtedness remaining on the Note shall be canceled.
- 13) **General**: The Borrower will promptly inform the Institution of any change in name or address after he or she ceases to be a full-time student at the Institution. The terms of this Promissory Note shall be construed according to the Federal statute and regulations governing the administration of the Nursing Student Loan program, copies of which shall be kept by the Institution.

Notice About Subsequent Loans Made Under This Master Promissory Note

This Note authorizes the Institution to disburse multiple loans during the multi-year term of this Note upon the Borrower's request and upon the Institution's determination of the Borrower's loan eligibility.

Subsequent loans may be made under the Note for the same or subsequent periods of enrollment at this Institution. The Institution however, may at its discretion, close this Note at any time and require the Borrower to sign a new Note for additional disbursements. If the Institution chooses to make subsequent loans under this Note, no such loans will be made after the earliest of the following dates: (i) the date this Institution receives the Borrower's written notice that no further loans may be made disbursed under this note; (ii) the date of withdrawal from the Institution by the Borrower.

Any amendments to the Public Health Service Act governs the terms of any loans disbursed on or after the effective date of such amendment, and such amended terms are hereby incorporated into this Note.

NOTICE: The Institution must require security or endorsement if the Borrower is a minor and if, under the applicable State law, the Note signed by him or her would not create a binding obligation. The Institution may not require security or endorsement in any other circumstances. The Institution shall supply a copy of this Note to the Borrower.

WARNING: Any person who knowingly makes a false statement or misrepresentation in obtaining these funds is subject to penalties which may include fines and imprisonment under Federal statute.

I agree to the terms and conditions of this Promissory Note.

PRINTED NAME

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

The University of Maryland, Baltimore
NURSING STUDENT LOAN PROGRAM
ENTRANCE INTERVIEW FORM (PAGE ONE)
RIGHTS AND RESPONSIBILITIES

Your Nursing Student Loan is a serious legal obligation. Therefore, it is extremely important that you understand your rights and responsibilities, and you agree to honor them.

1. **I understand that I must, without exception, report the information in (a) through (f) to:**

**University of Maryland, Baltimore, Student Loan Collections
601 W. Lombard Street Second Floor, Baltimore, Maryland 21201**

- (a) Withdrawal from school.
 - (b) Transfer to another school.
 - (c) Drop below half-time status.
 - (d) Name change (due to marriage, etc.)
 - (e) Change in address (parents address changes included)
 - (f) Join the military service, Peace Corps or VISTA.
2. I understand that my first monthly payment will be due nine months from the time that I cease to be a half-time student.
3. I understand that my minimum monthly payment will be at least \$40.00. It may be more if the amount borrowed is sufficient to require larger payments.
4. I understand that the ANNUAL PERCENTAGE RATE of 5% on loans granted on or after November 13, 1998, will be the FINANCE CHARGE based on the unpaid balance, and that it will begin to accrue six months after I cease to be enrolled as a half-time student.
5. I understand there are no cancellation benefits as a full-time R.N. on loans in the event of death or permanent disability. I also accept the responsibility to inform the Student Accounting Section of such status.
6. I understand that if I enter the military service or Peach Corps, I may request that the payments on my loan be deferred.
7. I understand that if I fail to repay any loans as agreed, the total loan may become due and payable immediately and legal action could be taken against me.
8. I understand that I will promptly answer any communication from the University of Maryland, Baltimore regarding the loan.
9. I understand that if I cannot make payments on time, I must contact the University of Maryland, Baltimore Student Loan Collections Office, (410) 706-6574 to make arrangements.
10. I authorize the University of Maryland, Baltimore to contact any school which I may attend to obtain information concerning my student status, year of study, dates of attendance, graduation, withdrawal, and transfer to another school, or current address.

I ATTEST THAT I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES AND OPTIONS AVAILABLE TO ME, AND THAT I WILL ADHERE TO THEM.

PRINT YOUR NAME

SIGNATURE

DATE

The University of Maryland, Baltimore
NURSING STUDENT LOAN PROGRAM
ENTRANCE INTERVIEW FORM (PAGE TWO)
PERSONAL AND CONFIDENTIAL INFORMATION

THIS FORM MUST BE COMPLETED BEFORE A LOAN CAN BE ISSUED.

PLEASE PRINT

Last Name		First Name		Social Security Number	
(Area Code) Telephone		Birth Date	Driver's License Number		Expected Graduation
LOCAL ADDRESS:	Local Street Address				
	City	State	Zip Code		
PERMANENT ADDRESS:	Permanent Street Address				
	City	State	Zip Code		
Student's Spouse's Name			Student's Spouse's Employer		
PARENT(S) OR GUARDIAN(S)					
Name _____					
Permanent Address _____					
City, State, Zip _____					
Telephone Number _____					
BROTHERS & SISTERS OVER 18 AND NOT LIVING AT HOME					
Name _____					
Permanent Address _____					
City, State, Zip _____					
Telephone Number _____					
PERSONAL REFERENCES					
Name _____					
Permanent Address _____					
City, State, Zip _____					
Telephone Number _____					

SIGNATURE

DATE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
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(Area Code) Telephone	Birth Date	Driver's License Number	Expected Graduation
LOCAL ADDRESS:	Local Street Address		
	City	State	Zip Code
PERMANENT ADDRESS:	Permanent Street Address		
	City	State	Zip Code
Student's Spouse's Name		Student's Spouse's Employer	
PARENT(S) OR GUARDIAN(S)			
Name	_____	_____	_____
Permanent Address	_____	_____	_____
City, State, Zip	_____	_____	_____
Telephone Number	_____	_____	_____
BROTHERS & SISTERS OVER 18 AND NOT LIVING AT HOME			
Name	_____	_____	_____
Permanent Address	_____	_____	_____
City, State, Zip	_____	_____	_____
Telephone Number	_____	_____	_____
PERSONAL REFERENCES			
Name	_____	_____	_____
Permanent Address	_____	_____	_____
City, State, Zip	_____	_____	_____
Telephone Number	_____	_____	_____

SIGNATURE

DATE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
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- 11) **Collection Agents, Litigation, and Withholding of Services** (Section 836 Public Health Service Act, 42 CFR 57.310): If the Borrower fails to make a scheduled repayment, or fails to comply with any other term of this Promissory Note, the Institution may: (a) refer the Borrower's loan to a collection agent for further collection efforts; (b) initiate legal proceedings against the Borrower; (c) withhold Institutional services, such as transcripts and letters of recommendation, from the Borrower; (d) refer the Borrower's loan to the Secretary of the U.S. Department of Health and Human Services (DHHS) for collection assistance, including offset of Federal salaries; and (e) obtain the Borrower's address from the Internal Revenue Service, through the Secretary, if the Institution has no current address for the Borrower.
- 12) **Death or Disability** (Section 836 Public Health Service Act, 42 CFR 57.311): In the event of the Borrower's total and permanent disability or death, the unpaid indebtedness remaining on the Note shall be canceled.
- 13) **General**: The Borrower will *promptly* inform the Institution of any change in name or address after he or she ceases to be a full-time student at the Institution. The terms of this Promissory Note shall be construed according to the Federal statute and regulations governing the administration of the Nursing Student Loan program, copies of which shall be kept by the Institution.

Notice About Subsequent Loans Made Under This Master Promissory Note

This Note authorizes the Institution to disburse multiple loans during the multi-year term of this Note upon the Borrower's request and upon the Institution's determination of the Borrower's loan eligibility.

Subsequent loans may be made under the Note for the same or subsequent periods of enrollment at this Institution. The Institution however, may at its discretion, close this Note at any time and require the Borrower to sign a new Note for additional disbursements. If the Institution chooses to make subsequent loans under this Note, no such loans will be made after the earliest of the following dates: (i) the date this Institution receives the Borrower's written notice that no further loans may be made disbursed under this note; (ii) the date of withdrawal from the Institution by the Borrower.

Any amendments to the Public Health Service Act governs the terms of any loans disbursed on or after the effective date of such amendment, and such amended terms are hereby incorporated into this Note.

NOTICE: The Institution must require security or endorsement if the Borrower is a minor and if, under the applicable State law, the Note signed by him or her would not create a binding obligation. The Institution may not require security or endorsement in any other circumstances. The Institution shall supply a copy of this Note to the Borrower.

WARNING: Any person who knowingly makes a false statement or misrepresentation in obtaining these funds is subject to penalties which may include fines and imprisonment under Federal statute.

I agree to the terms and conditions of this Promissory Note.

PRINTED NAME

SOCIAL SECURITY NUMBER

SIGNATURE

DATE