

**NEW MEXICO
HIGHER EDUCATION
DEPARTMENT**



Fostering Student Success from Cradle to Career

New Mexico Nurse Educator Loan-For-Service Program Application 2025

The purpose of the New Mexico Nurse Educator Loan-for-Service is to enhance the ability of college and university-employed nursing educators and future nursing educators to obtain Bachelor of Science, Master of Science and Doctor of Philosophy degrees.

General Eligibility Requirements:

- ✓ New Mexico resident
- ✓ U.S. citizen of the United States or an eligible non-citizen
- ✓ Accepted by a New Mexico public post-secondary institution into a Nursing Education program necessary to enhance or gain employment in a Nursing faculty position at a New Mexico public post-secondary institution.
- ✓ Enrolled at least (3) credit hours at the time the loan is awarded and disbursed.
- ✓ Currently practicing or declare intent to practice as a nurse educator at a New Mexico public post-secondary institution.

Application Process:

- Application
- Letter of Acceptance
- Unofficial Academic Transcripts
- Copy of Driver's License

Selection Process: The New Mexico Health Professional Advisory Committee will review all applications and make appropriate recommendations.

Contract: Each student is required to sign a contract agreeing to repay the loan if he or she does not continue to reside in the State of New Mexico and practice as a nurse educator.

Annual Award Amounts will be based on enrollment:

- | | |
|-----------------------------------|--|
| • 9 credit hours and above | \$7,500 (\$3,750 Fall/\$3,750 Spring) |
| • 6-8 credit hours | \$5,000 (\$2,500 Fall/\$2,500 Spring) |
| • 5 credit hours or less | \$2,500 (\$1,250 Fall/\$1,250 Spring) |

Awards are not typically made for summer sessions unless funding is available.

Instructions for Application:

1. Complete fillable application
2. Ensure all attachments are ready to upload to the email
3. Email the complete application and attachments (PDF Format) to fin.aid@hed.nm.gov
4. In the subject line of your email, please type Nurse Ed., first name and last name

For consideration, all documents must be entirely completed and included with the emailed application packet. The application and all supporting documents must be **received via email by 5:00PM July 1, 2025**. Mailed, Scanned, Faxed or In-Person copies will **NOT** be accepted. Late applications emailed after the deadline will not be accepted.

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New Mexico Nurse Educator Loan-For-Service Program Application 2025

Application Status: (please select one)

Current Nurse Educator ☐

New Applicant ☐

Full Name:

Permanent Address: *Last* *First* *M.I.*

Street Address *Apartment/Unit #*

City *State* *Zip Code*

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Email Address: _____

Previous name under which records may be kept: _____ Last Four of SS#: _____

Gender: Male ☐ Female ☐ Driver's License Number: _____ State: _____ Exp: _____

Are you a citizen of the United States or a permanent resident alien? Yes ☐ No ☐

Are you a New Mexico resident? Yes ☐ No ☐ If yes, when was residency established? (required) _____

Education

Name of Institution Attending/Plan to Attend: _____

Approved degree you plan to obtain: _____

Anticipated Graduation Date: _____

Current Grad. Level: 1st Yr. ☐ 2nd Yr. ☐ 3rd Yr. ☐ 4th Yr. ☐ Grad. ☐

List one personal reference with separate contact information who may be reached for your most current address and/or phone number.

First Name: _____ Last Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Electronic Signature

By signing the statements below electronically, you agree your electronic signature is the legal equivalent of your manual/handwritten signature on this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the New Mexico Higher Education, Financial Aid Office.

Statement of Understanding

By signing below, I am certifying that I understand that the original application and all necessary supporting documents must be emailed to fin.aid@hed.nm.gov by 5:00PM on July 1, 2025. Late applications will not be accepted.

I understand that all awards are subject to the availability of funds. I understand the Financial Aid Division will not release any information regarding the completion of my application packet. I understand once my application is received, no additional documents may be added to my application packet. I understand all fields within the application must be complete. I understand if any required information is omitted from any part of the application packet, my application will be considered incomplete and will not be considered for funding.

Print Name: _____

Applicant Signature: _____ Date: _____

Authorization & Consent to Release Education Records

I hereby authorize personnel of the College/University to release any and all educational records and information to the New Mexico Higher Education Department (NMHED). I further understand that this information may contain personal information. I understand the information may be released orally or in the form of copies of written records as preferred by NMHED. By my signature below I acknowledge this consent and authorization to be valid.

Print Name: _____

Applicant Signature: _____ Date: _____

Statement of Intent To Provide Service In New Mexico

I affirm intent to practice as a nurse educator during my education or upon completion of my education and/or internship/residency. I understand that if selected to receive funding, I must fulfill the service requirements of this loan or repay the loan with interest as defined in the Nurse Educator Loan-for-Service Agreement and in the New Mexico Administrative Code 5.7.32.

I affirm all the information on this application is true and completed to the best of my knowledge. If asked by the New Mexico Higher Education Department, I will provide proof of the information I have reported on this application. All information can and will be used in a legal capacity if necessary.

Print Name: _____

Applicant Signature: _____ Date: _____

Checklist

If any of the items listed below are omitted from the application packet, your application will be considered incomplete and will not be reviewed or considered for funding.

- Complete all fields within the Nurse Educator Loan-For-Service Program Application
- Unofficial Academic Transcripts
- Copy of Driver's License
- Letter of Acceptance: Attach your letter of acceptance into the program in which you are enrolled
- Send one email with your application and all documents attached (PDF format). Be sure to type Nurse Ed., first and last name in the email subject line. Fin.aid@hed.nm.gov