

Arkansas Graduate Nursing Student Loan and Scholarship Program (Act 1468 of 2005)
2026-27 Funding Application

Spring 2027-Summer 2027 Application Deadline – Friday, October 9, 2026

INSTRUCTIONS FOR AGNSLS APPLICATION- PLEASE READ CAREFULLY:

Keep these instructions for your records. as well as a copy of your application and all attachments. Record the date you mailed or dropped off application to your university

Date Sent to University

University Representative

- ✓ Type or print this application in black or blue ink.
- ✓ Do not leave any items blank or your application.
- ✓ Incomplete applications will not be processed. If an item does not apply to you write “N/A.”
- ✓ Submit all required attachments with your application listed below (*NOTE: the following items must be included with all applications. Applications without these documents will not be processed. If you have applied before you are still required to submit all the attachments with each new funding cycle. Assuring your application is complete is the sole responsibility of the applicant.*)

1. Completed & Signed Application
2. Copy of a letter of acceptance to one of the approved graduate programs (Required each time you apply)
3. Official Transcript
 - Returning students: Transcript from institution in which you will receive funding reflecting completion of the previous semester enrolled.
 - New graduate students: Submit an official transcript showing completion from your undergraduate nursing degree institution.
4. Statement of Intent to Take Courses (Must be signed by advisor or program coordinator of your institution)
5. Copy of the first two pages from your Federal Tax Return.

SEND ALL SUPPORTING DOCUMENTATION WITH APPLICATION – DO NOT SEND SEPARATELY!

RETURN APPLICATION AND REQUIRED MATERIALS TO YOUR RESPECTIVE UNIVERSITY BY DEADLINE LISTED ABOVE (no late applications accepted):

- Arkansas State University, **Dr. Kathryn Flannigan**, Director of the School of Nursing
- Arkansas Tech University, **Dr. Jennifer Helms**, Professor and Graduate Program Director
- Harding University, **Dr. Dona Clarin**, FNP Program Director, Carr College of Nursing
- Henderson State University, **Dr. Allison Divine**, Graduate Nursing Program Director
- University of Arkansas for Medical Sciences, **Amanda Spinks**, Director of Student Services, College of Nursing
- University of Arkansas, **Dr. Marilou Shreve**, Interim Director, Eleanor Mann School of Nursing
- University of Arkansas at Monticello, **Dr. Christine Felts**, MSN Program Coordinator
- University of Central Arkansas, **Dr. Susan Gatto**, Chair, School of Nursing

For questions about application contact Amanda Spinks: aspinks@uams.edu or call 501-686-5224

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APPLICATION

NOTE: Students with a prior master's degree in nursing seeking post-master's certification in another specialty are not eligible to apply for funding.

Date _____

DEMOGRAPHICS:

Name _____
First Name MI Last Name

SSN _____ Birthdate _____

Email _____ @ _____

Address _____
Street Home Phone _____
Cell Phone _____

City State Zip

CURRENT PROGRAM

Requested Loan Program

University ☐ ASU ☐ ATU
☐ UAMS ☐ Harding
☐ UofA Fayetteville ☐ UCA
☐ HSU ☐ UAM

☐ MNSc ☐ MSN ☐ PhD
☐ BSN-DNP ☐ Other

Current Degree Sought ☐ Nurse Anesthesia _____

First Semester Enrolled (Month/Year) _____

Nursing Specialty in Graduate Program _____

Hours Completed Toward Degree _____

Hours Remaining to Complete _____

Expected Date of Graduation (Month/Year) *NOTE: If you are awarded funding and this date changes you are required to notify the loan program administrator of your new expected graduation date.*

FINANCIAL PROFILE: *Be sure to attach a copy of the first two pages of your current federal tax return.*

According to your Federal Tax Return Complete the Following:

Head of Household Yes ☐ No ☐ Dependents _____ Adjusted Gross Income \$ _____

OTHER

Number of years living in Arkansas _____ *Must be a bona fide resident of Arkansas to qualify for funding.*

Number of years as licensed RN _____

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INTENT TO FULFILL SERVICE AGREEMENT (Initial Practice or Educator Loan Requirements)

NURSE PRACTICE LOAN REQUIREMENTS

I understand that I must be in good academic standing and meeting the following requirement for each semester I have been awarded funding:

Initial

_____ Full-time Practice Loan: 9+ semester hours or 18 contact hours per week (270 hours per semester)

OR

_____ Part-time Loan: 5-8 credit hours

Repayment Agreement:

_____ I understand that each applicant approved by the Board for a loan shall reside and practice full-time as a Nurse Practitioner, Clinical Nurse Specialist, or Certified Registered Nurse Anesthetist in a community in Arkansas, serve as a Nurse Administrator in an Arkansas complex health care agency, or work full-time as a Nurse Practitioner for the Arkansas Department of Health. For each continuous full-time practice year that I meet one of these conditions while employed in Arkansas, the Board shall cancel, by converting to a scholarship grant, the full amount of one year's loan plus accrued interest. Loans made for subsequent years will be converted in the same manner, one year of service for each year of assistance, until the loan obligation is retired.

NURSE EDUCATOR LOAN REQUIREMENTS

I understand that I must be in good academic standing and meeting the following requirement for each semester I have been awarded funding:

Initial

_____ Full-time Educator Loan 9+ semester hours

OR

_____ Part-time Loan: 5-8 credit hours

Repayment Agreement:

_____ REPAYMENT: I understand that each applicant approved by the Board for a loan shall teach full-time in an Arkansas school of nursing. For each continuous full-time academic year of teaching, the Board shall cancel, by converting to a scholarship grant, the full amount of one year's loan plus accrued interest. Loans made for subsequent years will be converted in the same manner, one year of service for each year of assistance, until the loan obligation is retired.

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THIS APPLICATION CONSTITUTES A LOAN WHILE YOU ARE IN SCHOOL AND UNTIL YOU HAVE FULFILLED YOUR SERVICE AGREEMENT (Initial each of the following)

Initial

_____ In order to remain eligible for future funding, I agree to submit an official transcript reflecting the final credits earned for each semester I have been awarded funding. THIS TRANSCRIPT CAN BE SENT DIRECTLY FROM YOUR INSTITUTION TO THE PROGRAM ADMINISTRATOR.

_____ DEFAULT: I will remain obligated to repay loans received, together with interest at the maximum rate allowed by Arkansas law, or 5% above the federal discount rate, whichever is less. Interest will accrue from the date each loan check was received. Repayment shall be due and payable in full when it is determined that I am not in compliance with the provisions of the contractual agreement.

_____ I understand the information on this application will be used to assist the Arkansas Graduate Nursing Education Student Loan and Scholarship Board in determining my loan eligibility. I understand the obligations involved in accepting this loan and the ramifications involved in the event I default on my loan commitment.

The Graduate Nurse Educator Loan and Scholarship Board reserves the right to adjust the amount of funding per student based on the amount of available aid in any given academic year, the student's family level of financial need based upon the previous year's tax return, and the number of qualified applicants.

By signing this document I attest I am a bona fide resident of Arkansas and that the information contained in this application is to the best of my knowledge accurate.

Print Name _____

Signature

Date

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INSTRUCTIONS: Fill out this form completely and attach to your AGNSLS application. Both you and your advisor or program director must sign this form. Failure to submit this signed form will result in your loan application being ineligible for review. Include all items in the table below for each class. For didactic courses write the number of credit hours. For clinical courses you must include both credit hours and contact (clinical) hours.

Name _____
First Last

Student ID or SSN _____

ASU ☐ ATU ☐ UAF ☐ HSU ☐

University UCA ☐ UAMS ☐ HU ☐ UAM ☐

Specialty _____

Loan Program ☐ Master's Nurse Practice ☐ Master's Nurse Educator ☐ Nurse Anesthesia
☐ Doctoral Nurse Practice ☐ Doctoral Nurse Educator ☐ Other

SCHEDULE OF COURSES

SPRING Year: _____

Course #	Course Title	Credit Hours	
Total credit hours:			
Total Clinical Hours for Semester if Applicable:			

SUMMER Year: _____

Course #	Course Title	Credit Hours	
Total credit hours:			
Total Clinical Hours for Semester if Applicable:			

Advisor's E-Mail _____ Advisor's Phone # _____

Student's E-Mail _____ Student's Phone # _____

Advisor or Program Director's Signature

Date

Student's Signature

Date

FOR STUDENTS: I understand that if the actual courses I enroll in for the approved semesters deviate in the number of credit hours/clinical hours stated on this form I must notify the Arkansas Graduate Nursing Student Loan/Scholarship Program administrator Amanda Spinks by email (aspinks@uams.edu). Failure to comply will restrict eligibility for future funding from the AGNSLS program.