

**Boston College and Tufts Health Plan Foundation
Nurse Scholars Loan Program
Student Agreement**

This Student Return Service Agreement is hereby made and entered into this _____ day of _____ by and between Boston College and the participant, _____ account number _____.

Pursuant to a grant from the Tufts Health Plan Foundation, Boston College has established a loan forgiveness program within its Connell School of Nursing. The goal of this program is to provide financial assistance to graduate nursing students who are enrolled in the teaching certificate program. Under this program, students are offered financial assistance to partially cover the costs of completing the nurse teaching certificate program offered in the Connell School of Nursing. Boston College designates these participating students as "Tufts Health Plan Foundation Nurse Scholars."

The financial assistance provided to Tufts Health Plan Foundation Nurse Scholars consists of a loan which can be totally forgiven through the performance of a requisite year of full- or part-time (at least eight hours per week) teaching service in Massachusetts within two years of graduation. The one-year teaching commitment may be fulfilled through teaching nursing students as a faculty or adjunct faculty-member of an accredited school of nursing in Massachusetts or through clinical instruction of nursing students, as a preceptor or otherwise, at a Massachusetts site approved by Boston College.

Return Service Payback Obligation. Following the student's graduation, the undersigned will be expected to complete a year of teaching service as described above and approved by the Boston College Connell School of Nursing. Upon the satisfactory completion of the year of teaching service, the entire amount due under this note shall be cancelled with no payment of principal or interest due.

Certification of Performance. Upon commencement and completion of the return service payback obligation, the participant shall forward an official notarized letter from the employer certifying their employment in a teaching position to the Associate Dean of the Connell School of Nursing and to the Office of Student Services at Boston College. This should be done within thirty (30) days of the commencement and completion date of his/her return service payback obligation. **Should the participant fail to complete the education or return service obligation, repayment of the loan will begin.**

Loan Repayment Terms. This note shall go into repayment if the participant fails to maintain good academic standing in the graduate nurse teaching certificate program at Boston College or fails to maintain employment for the specified time in a teaching capacity in Massachusetts. The participant subsequently agrees to repay the total amount of the loan plus 5 percent interest. Payments would be payable in 120 consecutive monthly installments beginning immediately following failure to complete the Tufts Health Plan Foundation Nurse Scholars Program as described above. Payments would be applied first to interest due and the balance to principal. The maker shall have the privilege of prepaying this note in full or in part at any time without penalty.

Default. This note shall become immediately due and payable without notice or demand if the participant fails to make payments on time as agreed or fails to supply the Office of Student Services at Boston College with the appropriate deferment forms. The undersigned agrees to pay upon default all costs of collection, including reasonable fees of attorneys. Furthermore, in the event of default, the undersigned understands that such default will be referred to an appropriate credit agency.

Deferment of Loan Repayment.

1. Interest will not accrue and installments need not be paid while the participant is:
 - a. enrolled at least as a half-time student in an institution of higher education;
 - b. on full-time active duty as a member of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or

- c. temporarily totally disabled as established by an affidavit of a qualified physician or unable to secure employment because participant is providing care required by a spouse or parent who is disabled.
2. The University may, upon participants application, defer or reduce any scheduled repayments if, in its opinion, extraordinary circumstances such as prolonged illness, pregnancy, or unemployment prevent the participant from making such repayments. However, interest will continue to accrue.

Cancellation of Loan. If the participant should die or become permanently and totally disabled, the entire amount of this loan plus the interest thereon shall be cancelled.

Notification of Address Change. This participant is responsible for informing the Office of Student Services at Boston College of any change in name, address, or social security number.

All rights and obligations hereunder shall be governed by the laws of the Commonwealth of Massachusetts.

Schedule of the Tufts Health Plan Foundation Nurse Scholars Loan Advances

| <u>Loan:</u> | <u>Amount</u> | <u>Date</u> | <u>Signature of Participant</u> |
|-----------------|---------------|-------------|---------------------------------|
| Summer | _____ | _____ | _____ |
| Fall Semester | _____ | _____ | _____ |
| Spring Semester | _____ | _____ | _____ |

Participant

| | |
|-------------------------|---------------------------|
| Signature _____ | Date _____ |
| Print Name _____ | Social Security No. _____ |
| Local Address _____ | Phone Number _____ |
| Permanent Address _____ | Phone Number _____ |
| Witness _____ | Date _____ |