Maryland Higher Education Commission
Nurse Support Program II (NSP II)
217 E. Redwood Street, Suite 2100
Baltimore, MD 21202
nursesupport.maryland.gov
nsp2.mhec@maryland.gov

GNF/Cohen Scholars

Request to enter Repayment

Please complete this form, and either mail it via USPS to the address above or email to the NSP II staff to the email addresses below. (Please print clearly)

SECTION A: Recipient Information MDCAPS #: _____

Social Security #: XXX - XX - _____ Date of birth: _____

Last name: _____ First name: _____ MI: _____

Previous name under which records may have been kept: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip code: _____

Home/cell phone #: _____ Work phone #: _____

E-mail address: _____

Maryland college/university from which you graduated or attended: _____

Graduation date (month/year): _____ Specific degree earned: _____

SECTION B: I must begin repayment of the GNF/Cohen Scholars tuition/fees because:

- ☐ I am employed in a nursing position other than as nurse faculty or hospital educator.
- ☐ I am employed in an ineligible nursing institution, hospital, facility or private company.
- ☐ I became ineligible for the scholarship while in school and must repay the tuition/fees.
- ☐ I am employed outside the State of Maryland.

Please send the balance and payment plan to me for a one-time payment or monthly installments:

- ☐ Pay entire balance (one-time payment)
- ☐ Monthly installments per service obligation agreement. Payments must begin within 60 days. If payments are not received, the account will be referred to collections.

Once repayment begins, payments must be received as scheduled until the balance is paid in full.

Return completed & signed form via email to: nsp2.mhec@maryland.gov

SECTION C – Recipient Certification:

I certify that the information provided by me in this repayment form is true and complete to the best of my knowledge. I understand that failure to repay the debt to MHEC will lead to a referral to the State's Central Collections Unit with a negative impact to my credit. I will inform the Nurse Support Program II office, in writing if there are any changes to my name, address and email address.

_____ _____

Signature of Recipient Date