

TEXAS HIGHER EDUCATION COORDINATING BOARD
Border County Doctoral Faculty Education Loan Repayment Program
Information and Instructions

Please carefully read the following information before completing your application.

The purpose of the Border County Doctoral Faculty Education Loan Repayment Program is to recruit and retain persons holding a doctoral degree to become and/or remain full-time faculty with instructional duties in Texas institutions of higher education located in counties that border Mexico.

QUALIFYING INSTITUTIONS

El Paso Community College
Laredo Community College
South Texas College
Southwest Texas Junior College-Del Rio and Eagle Pass campuses only)
Sul Ross State University (Alpine, Del Rio, and Eagle Pass campuses only)
Texas Southmost College
Texas State Technical College-Harlingen
Texas A&M International University
University of Texas-El Paso
University of Texas-Rio Grande Valley

ELIGIBILITY REQUIREMENTS

To be eligible for loan repayment assistance under the Border County Doctoral Faculty Education Loan Repayment Program, an individual must:

1. Have received a doctoral degree on or after September 1, 1994, from an institution of higher education, as defined in Section 61.003, of the Texas Education Code, or from an out-of-state institution that is accredited by a recognized accrediting agency,
2. Be employed full-time as a doctoral faculty member with instructional duties at an institution of higher education, as defined in Section 61.003 of the Texas Education Code, that is located in a Texas county that borders Mexico, and
3. Work full-time as a doctoral faculty member with instructional duties in the institution for one full academic year.

ANNUAL LOAN AMOUNTS

1. The maximum annual loan repayment award for an eligible faculty member is \$5,000.00.
2. The maximum number of years a person may receive loan repayment is 10 years.
3. Repayment under this program will be reported to the Internal Revenue Service by the Texas Higher Education Coordinating Board.

ELIGIBLE LOANS

To be eligible for repayment, loans must:

1. Be evidenced by a promissory note stating that the loan proceeds must be used to pay for education costs at an institution of higher education, and as defined in Section 61.003, of the Texas Education Code, or at an out-of-state institution that is accredited by a recognized accrediting agency,
2. Not be in default at the time the application is received, and
3. Not entail a service obligation.

APPLICATION INSTRUCTIONS

Institutional presidents or their designees will distribute applications to eligible faculty. Renewal applicants must receive priority over first-time applicants. Institutional presidents or their designees will rank the applications according to additional criteria established by the institution and will forward them to the Coordinating Board for processing. The state appropriation for each year of the 2016-2017 state budget period is sufficient to fund full awards to three faculty members at each of the ten eligible institutions.

Texas Higher Education Coordinating Board
PO Box 12788
Austin, Texas 78711-2788
FAX (512) 427-6555
1-800-242-3062 (Outside Austin) 512-427-6340 (In Austin)



TEXAS HIGHER EDUCATION COORDINATING BOARD
Border County Doctoral Faculty Education Loan Repayment Program
Part 1 – Applicant Information

The applicant must complete this section.

Social Security #: _____ Date of Birth: _____
 Name: _____ Any Prior Name(s): _____
 Home Address: _____ Home Phone #: _____
 _____ Other Phone #: _____
 _____ Email: _____
 City State Zip Code
 Date Doctoral Degree Conferred: _____ Type of degree earned: _____
 Name of Institution which conferred the degree: _____

Provide the following information for *all* educational loans you received while attending a public or independent institution of higher education. Be sure to list your loans in the priority order in which you would like for them to be repaid.

Name of Lender or Servicer	Account Number	Estimated Balance	% of Amount to be applied to the loan
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Did the promissory note or governing terms of the loans named above require that the loan proceeds be used for expenses incurred by you in attending a public or independent institution of higher education?
 Yes No If no, state the priority number(s) of the loan(s) that did not: _____

Are any of the loans named above currently in default?
 Yes No If yes, state the priority number(s) of the loan(s) in default: _____

Are any of the loans named above a spousal consolidation loan?
 Yes No If yes, state the priority number(s) of the spousal consolidation loans: _____

Do any of the loans named above entail a service obligation?
 Yes No If yes, State the priority number(s) of the loans that do: _____

I certify that the information included in all parts of this application is true and correct. I also understand that the Border County Doctoral Faculty Education Loan Repayment Program awards are: (1) disbursed to lenders after the Coordinating Board has reviewed applications and verified loan information, (2) contingent upon availability of funds, and (3) will be reported to the Internal Revenue Service by the Texas Higher Education Coordinating Board.

Signature: _____ Date Signed: _____

Warning: A person submitting misleading or fraudulent information to the Texas Higher Education Coordinating Board in an attempt to obtain financial aid is subject to criminal prosecution.

TEXAS HIGHER EDUCATION COORDINATING BOARD
Border County Doctoral Faculty Education Loan Repayment Program
Part 2 – Employment Confirmation

Section A. The applicant must complete this section.

Printed Name of Applicant

Name of Institution

Social Security Number

Institution Street Address

Any Prior Name(s)

City State Zip Code

I certify that I have been employed full time as a faculty member at the institution of higher education named above for at least one academic year. I authorize my employer to release information regarding my employment to the Texas Higher Education Coordinating Board.

Signature: _____

Date Signed: _____

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Section B. The designated institutional official must complete this section.

The faculty member named above has served as full-time doctoral faculty with instructional duties for the 2016-2017 academic year. (check one)

Yes No

Indicate the type of doctoral degree currently held by this faculty member (check one)

PhD EdD DSc DMA Other (specify): _____

Indicate the status of the applicant and state the priority number for the applicant if he/she is not guaranteed an award:

Guaranteed Renewal (3 per institution) Previous Recipient

First-Time Applicant

Priority Order Number: _____

I have provided a description of the priority ranking criteria to the Coordinating Board. By signing below, I hereby recommend the faculty member above for the Border County Doctoral Faculty Education Loan Repayment Program. I also certify that this faculty member meets all program requirements.

Designated Official's Printed Name and Title

Phone Number

Email Address

Fax Number

Designated Official's Signature

Date Signed

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TEXAS HIGHER EDUCATION COORDINATING BOARD
Border County Doctoral Faculty Education Loan Repayment Program
Part 3 - Authorization to Release Student Loan Information

Participant Information

Last 4 Digits of Social Security #: _____ Date of Birth: _____
Name: _____ Any Prior Name(s): _____
Home Address: _____ Home Phone #: _____
_____ Other Phone #: _____
_____ Email: _____
City State Zip Code

Participant Authorization

I authorize my student loan lender/servicer to release information regarding my loan(s) to the Texas Higher Education Coordinating Board. I have applied for a loan repayment award through the Border County Doctoral Faculty Loan Repayment Program.

Signature: _____ Date Signed: _____

Privacy Act Notice

Certain information required on the application is made confidential by the Privacy Act of 1974 (5 USC 552a). The requested information is necessary for participation in the Border County Doctoral Faculty Education Loan Repayment Program, to verify your identity and to determine your eligibility for the program and for any benefits from it. The Privacy Act provides that an agency may continue to require disclosure of an applicant's Social Security Number (SSN) as a condition for the granting of a right, benefit, or privilege if the agency required this disclosure prior to January 1975. The Texas Higher Education Coordination Board has, for years prior to 1975, required the disclosure of the SSN of all applicants for the programs that it administers. The SSN may be used to verify your identity and as an account number (identifier) throughout your eligibility in the program, in order to make certain that THECB records necessary data accurately. As an identifier, the SSN will be used to determine program eligibility.

The following notices are provided in accordance with Texas Government Code, Section 559.003(a):

1. With few exceptions, you are entitled on request to be informed what information THECB collects about you, and to receive and review the information.
2. Under Section 559.004 of the Government Code, you are entitled to have THECB correct information about you that is incorrect. You may do so by writing to Border County Doctoral Faculty Education Loan Repayment Program, Texas Higher Education Coordinating Board, P.O. Box 12788, Austin, Texas 78711.
3. The information that the Texas Higher Education Coordinating Board collects will be retained and maintained as required by Texas record retention laws (Texas Government Code, Section 441.180 et seq.) and rules. Different types of information are kept for different periods of time.