

Ph.D. Graduates Working in

- *Biomedical Engineering*
- *Translational Medicine*
- *Advanced Product Development*

Let the
State of Connecticut
help you repay your
student loans
through the new

You Belong in Connecticut Loan Reimbursement Program



Board of Governors for
Higher Education
Department of Higher Education
State of Connecticut

Success in high technology fields demands a highly trained workforce. That's why the State of Connecticut has launched a new program to help new hires holding Ph.D. degrees in critical fields pay back their student loans.

The *You Belong in Connecticut Loan Reimbursement Program* will pay up to \$10,000 of student loans to individuals who:

- are legal residents of Connecticut;
- have outstanding student loans in their names;
- have earned a doctoral degree in any field from any university in the U.S.; and
- have been employed full-time in Connecticut after December 31, 2005 in one of three fields – biomedical engineering, translational medicine or advanced product development – at a company certified by the Connecticut Department of Economic and Community Development (download list from www.ctdhe.org or call 800-842-0229), or in a research capacity at a Connecticut institution of higher education.

Department of Economic and Community Development identified career concentrations are:

BIOMEDICAL ENGINEERING

- Bioimaging
- Neural Engineering
- Biomaterials and Tissue Engineering

TRANSLATIONAL MEDICINE

- Systems Biology
- Personalized Medicine or Pharmacogenomics
- Stem Cell Research and Application
- Targeted Drug Development
- Clinical Research

ADVANCED PRODUCT DEVELOPMENT

- Nanoscale Tools and Processing Systems
- Fuel Cells and Energy Management Systems

Successful applicants will receive one payment as a reimbursement for qualifying student loans. Verification of student loans is required at the time of award notification.

To apply, mail or fax a completed application (see next page) by **March 30, 2007** to the Connecticut Department of Higher Education. An official copy of your academic transcript, indicating the date your Ph.D. was awarded and your field of study, must also be submitted to the Department of Higher Education.

Applicants will be notified in writing about their award by June 1, 2007. The Department of Higher Education anticipates making 25 awards this year.

For questions or more information, contact the Education & Employment Information Center's (EEIC) toll-free Hotline at 800-842-0229 or eeic@ctdhe.org.

You Belong in Connecticut Loan Reimbursement Program

Connecticut Department of Higher Education
61 Woodland Street, Hartford CT 06105-2326
www.ctdhe.org • eeic@ctdhe.org

You Belong in Connecticut Loan Reimbursement Program Application

Please review this program's eligibility requirements before completing this application. Part I is to be completed by the applicant. Part II is to be completed by the applicant's employer. Submit your completed application and academic transcript by **March 30, 2007** to:

You Belong in Connecticut Loan Reimbursement Program,

Connecticut Department of Higher Education, 61 Woodland Street, Hartford CT 06105-2326 • Fax 860-947-1311

PART I - TO BE COMPLETED BY APPLICANT (Please Type or Print)

Name _____ Social Security Number _____ - _____ - _____
(LAST, FIRST, MI)

Permanent Mailing Address (Street) _____
(City) _____ (State) _____ (Zip) _____

Home Phone (_____) _____ Alternate Phone (_____) _____ E-Mail _____

Ph.D. Awarded from _____

Field _____ Date Ph.D. Awarded: Mo/Year _____ / _____

Outstanding Student Loans (must be in the applicant's name -- consumer loans, e.g. credit cards do not qualify. List additional student loans on an attached page.)

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Total _____

I attest that the information provided on this application is true and correct. By signing, I agree to participate in future data collection regarding status and place of employment for program evaluation purposes only.

X _____
APPLICANT'S SIGNATURE DATE

PART II - TO BE COMPLETED BY APPLICANT'S EMPLOYER

I attest that _____ is currently employed full-time as a _____
APPLICANT NAME POSITION TITLE

with _____ Employee was hired on _____
EMPLOYER NAME DATE

and started working full-time in his/her current position on _____ Current Employee Annual Salary _____
DATE

VERIFYING OFFICIAL (PLEASE PRINT) TITLE

SIGNATURE DATE

Mailing Address _____

Telephone (_____) _____ FAX (_____) _____ E-Mail _____