



### NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION

(To be completed by the Borrower)

This form must be completed in its entirety and returned to the office of the Bursar before a NFLP loan is made.

**WARNING:** Any person who knowingly makes a false statement or misrepresentation in a NFLP transaction, bribes or attempts to bribe a federal official, fraudulently obtains a NFLP loan or commits any other illegal action in connection with a federal NFLP loan is subject to a fine or imprisonment under federal statute.

#### SECTION I

1a. APPLICANT NAME (Last) (First) (M.I.)			2. SOCIAL SECURITY NUMBER (SSN)	
1b. OTHER NAMES USED (Last) (First) (M.I.)			3. DATE OF BIRTH (Month/Day/Year)	
4. CURRENT ADDRESS (Number, Street, Apartment Number, City, State, Zip Code)			5a. DAYTIME PHONE (Area Code/Number) ( )	
			5b. EVENING PHONE (Area Code/Number) ( )	
6. EMAIL ADDRESS		7. DRIVER'S LICENSE NUMBER AND STATE		
8. DEGREE PROGRAM: _____ EXPECTED GRADUATION DATE: _____		9. EDUCATION LEVEL: <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL		
10. PERSONAL REFERENCES -- Friend(s) and Relative(s)				
• NAME _____ ADDRESS: _____				
• NAME _____ ADDRESS: _____				
THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.				
Printed Name _____		Signature _____		
Date _____				

#### SECTION II

**CERTIFICATION TO BE COMPLETED BY THE SCHOOL OF NURSING**

The School of Nursing has reviewed the Nurse Faculty Loan Application and academic records for \_\_\_\_\_, ID number \_\_\_\_\_ and has determined that the student meets the Departments criteria for "good standing" and that the student meets the academic career/program requirements set forth by the U.S. Department of Health and Human Services, Health Resource and Services Administration to participate in and receive funding from the Federal Nurse Faculty Loan Program (NFLP).

School of Nursing (Dean or designee) signature: \_\_\_\_\_

Date: \_\_\_\_\_