

2019-20 NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION

This form must be completed in its entirety and returned to the Office of Student Financial Services.

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.

1a. APPLICANT LAST NAME	1b. APPLICANT FIRST NAME	1c. APPLICANT M. I.	2. JHED
3a. OTHER LAST NAME USED	3b. OTHE FIRST NAME USED	3c. OTHER MIDDLE NAME USED	
4. DATE OF BIRTH (Month/Day/Year)	5. DAYTIME PHONE NUMBER	6. EVENING PHONE NUMBER	
7. CURRENT ADDRESS			
8. EMAIL ADDRESS		9. DRIVER'S LICENSE STATE AND NUMBER	
10. DEGREE PROGRAM <i>(* Pre-licensure students are not eligible for NFLP funding)</i>		12. Requested Amount: \$ _____ <i>(The maximum amount a student may receive per year is \$35,500 and funding cannot exceed tuition and book costs. Institutional funding levels determine the final amounts given to students each year.)</i>	
11. EXPECTED GRADUATION DATE (Month, Year)			
13. PERSONAL REFERENCES – At least one reference, who may be a friend or relative, and must have a different physical address from the NFLP applicant.			
Name _____			
Phone _____			
Address _____			
Name _____			
Phone _____			
Address _____			
14. Are you planning to add the NECO certificate to your Program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Ethnicity*		16. Race*	
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer	

*Data required by HRSA

17. Select if from a rural or residential background (The definition of rural residential background is based on whether an individual has ever lived in a rural area.)*

- Yes
- No
- Prefer not to answer

18. Select if from a disadvantaged background.* [Criteria for Disadvantaged Background](#)

- Yes
- No
- Prefer not to answer

19. Select Veteran Status*

- Not a veteran
- Active Duty Military
- Reservist
- Veteran-Prior Service
- Veteran-Retired
- Prefer not to answer

20. Please indicate, in 500 words or less, why you are interested in receiving NFLP funding and what your career goals are after graduation.

21. ACKNOWLEDGEMENT

I, the above named applicant, have been informed that I must agree to the service obligation associated with the Nurse Faculty Loan Program in order to be eligible to receive a loan under this program.

*Data required by HRSA

THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION
AS REQUIRED BY THE SCHOOL.

Signature _____

Date _____

Printed Name _____