

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 at your lending institution before NFLP funds may be advanced on any loan. (PLEASE PRINT).

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 1	
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, Apt. Number, City, State, Zip Code)	5a. DAYTIME PHONE (Area Code/Number) ()
	5a. EVENING PHONE (Area Code/Number) ()
6. EMAIL ADDRESS	7. DRIVER'S LICENSE NUMBER AND STATE
8. DEGREE PROGRAM: _____ EXPECTED GRADUATION DATE: _____	9. EDUCATIONAL LEVEL <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral
10. PERSONAL REFERENCES – Friend(s) and Relative(s)	
1) Name _____	Address: _____ _____
2) Name _____	Address: _____ _____
SECTION II	
11. 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.	

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

Printed Name _____ Signature _____ Date _____