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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 UAH College of Nursing before an NFLP loan is made.

|  |
| --- |
| WARNING: **Any person who knowingly makes a false statement or misrepresentation in an NFLP transaction, bribes or attempts to bribe a federal official, fraudulently obtains an 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: type | **First:** type | **MI:** type |

  | 2. SOCIAL SECURITY NUMBER (SSN)\_\_\_-\_\_-\_\_\_\_ |
| 1b. OTHER NAMES USED

|  |  |  |
| --- | --- | --- |
| Last: type. | **First:** type | **MI:** type |

 | 3. DATE OF BIRTH (Month/Day/Year)MM/DD/YYYY |
| 4. CURRENT ADDRESSStreet Address 1: typeStreet Address 2: typeApartment Number: typeP.O. Box Number: typeCity: typeState typeZip Code: type | 5a. DAYTIME PHONE (Area Code/Number) ( )\_\_\_-\_\_\_\_ |
| 5b. EVENING PHONE (Area Code/Number)  ( )\_\_\_-\_\_\_\_ |
| 6. EMAIL ADDRESS (list the email you check frequently and the UAH student email:TypeType  | 7. DRIVER’S LICENSE NUMBER AND STATEtype |
| 8. DEGREE PROGRAM: Name of Degree: type**Expected Graduation Date:** type | 9. EDUCATION LEVEL: Master’s [ ] Doctoral [ ]  |
| 10. **PERSONAL REFERENCES -- Friend(s) and/or Relative(s)**

|  |  |
| --- | --- |
| **Name:** typeAddress: typeCity: typeState: typeZip Code: type | **Name:** typeAddress: typeCity: typeState: typeZip Code: type |
|  |  |

 |
| **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 HERBY AUTHORIZE VERIFCATION AS REQUIRED BY THE SCHOOL.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HRSA-14-072

NURSE FACULTY LOAN PROGRAM (NFLP) Survey

(To be completed by the Borrower)

Answers to questions have no bearing on the loan decision, but the federal government requires that the University report this information each year. Please complete the survey with each NFLP loan application.

|  |
| --- |
| Applicant Name: type* Type of training program: [ ] MSN or [ ] DNP
* UAH Student A Number: type
* Semesters for loan [ ]  fall/spring [ ]  spring/summer
* Amount of loan per semester: : type
* Training or awardee category: [ ] campus-based [ ] online [ ] hybrid program
* Enrollment status: [ ] full-time [ ] part-time [ ] mixed [ ] leave of absence
* Sex: [ ] male [ ] female [ ] not reported
* Age in years at application: type
* Ethnicity: [ ] Hispanic or Latino [ ] Non- Hispanic or Non-Latino [ ]  not reported
* Race: [ ] American Indian/Alaskan Native [ ] Asian; Black or African American [ ] Native Hawaiian or other Pacific Islander [ ] White [ ] not reported
* Rural residential background: [ ] yes [ ] no [ ]  not reported
* Disadvantaged background: [ ] yes [ ] no [ ]  not reported
* Veteran: [ ] active military duty [ ] reservist [ ] veteran [prior service] [ ] veteran [retired] [ ] not a veteran [ ] not reported
* Received Nurse Faculty Loan (NFLP) previously? [ ] yes [ ] no
* Number of years that you received NFLP: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
* What year of graduate education are you in? [ ] graduate year 1 [ ] graduate year 2 [ ] graduate year 3 [ ] graduate year 4 [ ] graduate year 5 [ ] graduate year 6 [ ] graduate year 7
* Primary focus area: [ ] Nursing—CNS—adult gerontology [ ] Nursing—FNP--adult gerontology [ ] Nursing—ACNP—acute care adult gerontology [ ] Nursing—Leadership in Healthcare Systems [ ] Nursing other type
 |

Full time graduate enrollment is defined by UAH as 9 credit hours in fall and spring and 6 credit hours in summer.

Rural residential background is defined by the Health Resources and Services Administration. Go to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx> to determine if your county of residence is considered rural.

Disadvantaged background is defined as a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either (1) comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession or (2) comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Veteran is defined as service in one of the seven uniform services: United States: Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

**Estimated Expenses: Request for Nurse Faculty Loan Program**

Fall Semester

|  |  |
| --- | --- |
| Tuition |  |
| Books |  |
| Software |  |
| Other Reasonable expenses\* |  |
| Fees\*\* |  |
| Total |  |

\*The borrower can ask for money that a reasonable person would agree is associated with the academic program. Money cannot be used to pay off other loans, for living expenses, or for travel expenses.

\*\*There is a one-time fee of $50 for Typhon at first enrollment in DNP or MSN Program

Spring Semester

|  |  |
| --- | --- |
| Tuition |  |
| Books |  |
| Software |  |
| Other Reasonable expenses\* |  |
| Total |  |

\*The borrower can ask for money that a reasonable person would agree is associated with the academic program. Money cannot be used to pay off other loans, for living expenses, or for travel expenses.

Summer Semester

|  |  |
| --- | --- |
| Tuition |  |
| Books |  |
| Software |  |
| Other Reasonable expenses\* |  |
| Total |  |

\*The borrower can ask for money that a reasonable person would agree is associated with the academic program. Money cannot be used to pay off other loans, for living expenses, or for travel expenses.