



Nurse Faculty Loan Program (NFLP)

What is the NFLP?

The Nurse Faculty Loan Program (NFLP) is a Health Resources and Services Administration (HRSA) Health Workforce grant received by the University of North Alabama. The purpose of the NFLP is to increase the number of qualified nursing faculty by providing loans to part-time and full-time students enrolled in UNA's Anderson College of Nursing and Health Professions graduate programs. Teaching-Learning Track, Nursing Leadership Track, Post Master's Certificate, or the Family Nurse Practitioner Track students committed to become nurse faculty are eligible for the NFLP.

After graduation, 85% of the total NFLP loan is forgiven over a consecutive four-year period of full-time employment as nurse faculty at an accredited school of nursing. Full-time employment may include being employed as a full-time academic nurse educator at an accredited school of nursing or being employed as a part-time faculty member at an accredited school of nursing in combination with another part-time faculty position or a part-time clinical preceptor/educator position affiliated with an accredited school of nursing that together equates to full-time employment. Faculty positions may be in any state and at any accredited nursing program. The Anderson College of Nursing and Health Professions (ACONHP) and the Offices of Business and Financial Affairs administer the NFLP.

Who is Eligible to Apply for NFLP Monies?

Graduate students enrolled as full-time or part-time students who plan to pursue careers as nurse faculty are eligible to apply for the NFLP. NFLP loans are issued on a first-come-first-serve basis each academic year until funds are expended. Priority is given to continuing NFLP borrowers ahead of new NFLP borrowers. Full-time students and students who do not have funding from other sources will also receive priority over part-time students. Students may receive support from other Federal programs, provided those funds are not used to cover the same costs. Recipients are limited to five (5) years of support under the NFLP.

ACONHP MSN graduate students are eligible to apply if they meet the following criteria:

- Committed to the course of study and becoming full-time nurse faculty post-graduation

- Enrolled as a part-time or full-time student in an ACONHP graduate program (MSN-Teaching Learning track, MSN- Leadership track, Post-Master's Certificate, or MSN-FNP track).
- Priority will be given to those who already have received UNA NFLP support, full-time students, and those who do not have funding from other sources.
- In good academic standing by maintaining a 3.0 minimum GPA.
- A U.S. citizen or a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
- Enrolled in a minimum of two consecutive semesters (either full-time or part-time) during the academic year while receiving the NFLP loan support.
- The NFLP is not a need-based program, therefore financial records are not required to determine eligibility, but a FAFSA is required each year that funds are requested.

Who is not eligible for the NFLP?

- According to federal law, NFLP borrowers are ineligible to receive a NFLP loan if a judgment lien has been entered against the debtor's property for debt to the United States.

What expenses does the NFLP cover?

Because federal funds are limited, the UNA NFLP covers the cost of tuition and fees only. Books may also be covered on a case-by-case basis under the NFLP.

How many students will be eligible for the NFLP?

NFLP awards will cover as many qualified students as possible until funding is depleted.

What is the Application Process for Eligible Borrowers?

1. Apply for admission and be accepted to the ACONHP graduate program <https://www.una.edu/graduate/graduate-application.html>.
2. Complete a Free Application for Federal Student Aid (FAFSA) at <http://www.fafsa.ed.gov>.
3. Review the NFLP Statement of Rights and Responsibilities information (page 6).
4. If you remain interested in applying or reapplying for NFLP funds, complete the Nurse Faculty Loan Application (page 5).
5. Review and complete the NFLP Borrower's Checklist (page 4).
6. On the last page of this document, write a brief essay describing your commitment to working as a full-time nurse faculty member upon graduation.

7. Email the NFLP Loan Application with your Essay and Check List to the NFLP Project Director at nflp@una.edu.
8. Schedule a telephone or virtual meeting with the Project Director, Dr. Wendy Darby, at nflp@una.edu. The purpose of the meeting is to affirm your commitment to pursue full-time employment as a nurse educator upon graduation and discuss the NFLP guidelines.
9. The NFLP application will not be considered complete until all steps above are completed and received by the Project Director. *The applicant is responsible for understanding the financial commitment and obligations of the NFLP agreement.*



NFLP Borrower Checklist

Completed and submitted at least 30 days prior to the start of the semester.

Borrower's Name:

Date:

Check the gray box when each item is completed		Do not write in this column.
	UNA Graduate School Application Completed and I have been accepted into the ACONHP Master's program. Circle your program of study: <ul style="list-style-type: none"> • Teaching Learning • Nurse Leader • Family Nurse Practitioner • Post Master's Certificate 	
	I am currently or will be enrolled as Full-time or Part-time Student. (Circle One)	
	In the space to the right of the session below, please indicate the number of credit hours you plan to take this Year.	
	Fall Session 1:	
	Fall Session 2:	
	Spring Session 1:	
	Spring Session 2:	
	Summer Session:	
	Total Credit Hours this Academic Year:	
	FAFSA Completed List all sources of education tuition or financial support for education from employer, and federal student loans. Note: Borrowers may receive support from other federal programs, provided that funds are not used to cover the same costs (tuition/fees) during the academic year. The NFLP will cover tuition and fees.	
	Reviewed the Statement of Responsibilities (Exhibit B) Make a copy for your records	
	Completed NFLP Application (Exhibit C) Sign and date the Application	
	Write a brief 1-2 paragraph essay describing your commitment to working as a full-time nurse faculty member upon graduation.	
	Email the NFLP application to the Project Director.	
	Schedule a telephone conversation or a virtual meeting with the Project Director, Dr. Wendy Darby, at nflp@una.edu . Review the Statement of Responsibilities and NFLP Guidelines, and ask questions. <i>The applicant is responsible for understanding the financial commitment and obligations of the NFLP agreement.</i>	
	The NFLP Application will not be considered complete until all steps above have been completed.	

NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION

(To be completed by the Borrower)

This NFLP Application form and a FAFSA form must be completed in its entirety and returned to Wendy Darby at nflp@una.edu. Go to <https://studentaid.ed.gov/sa/fafsa> to complete the online FAFSA application.

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: <u>type</u> First: <u>type</u> MI: <u>type</u>		2. SOCIAL SECURITY NUMBER (SSN) - - -		
1b. OTHER NAMES USED Last: <u>type</u> First: <u>type</u> MI: <u>type</u>		3. DATE OF BIRTH (Month/Day/Year) <u>MM/DD/YYYY</u>		
4. CURRENT ADDRESS Street Address 1: <u>type</u> Street Address 2: <u>type</u> Apartment Number: <u>type</u> P.O. Box Number: <u>type</u> City: <u>type</u> State <u>type</u> Zip Code: <u>type</u>		5a. DAYTIME PHONE (Area Code/Number) () - -		
		5b. EVENING PHONE (Area Code/Number) () - -		
6. EMAIL ADDRESS (list the email you check frequently and the UNA student email: <u>type</u> <u>type</u>		7. DRIVER'S LICENSE NUMBER AND STATE <u>type</u>		
8. DEGREE PROGRAM: Name of Degree: <u>type</u> Expected Graduation Date: <u>type</u>		9. EDUCATION LEVEL: Master's <input type="checkbox"/> Doctoral <input type="checkbox"/>		
10. PERSONAL REFERENCES -- Friend(s) and/or Relative(s) <table border="0"><tr><td>Name: <u>type</u> Address: <u>type</u> City: <u>type</u> State: <u>type</u> Zip Code: <u>type</u></td><td>Name: <u>type</u> Address: <u>type</u> City: <u>type</u> State: <u>type</u> Zip Code: <u>type</u></td></tr></table>			Name: <u>type</u> Address: <u>type</u> City: <u>type</u> State: <u>type</u> Zip Code: <u>type</u>	Name: <u>type</u> Address: <u>type</u> City: <u>type</u> State: <u>type</u> Zip Code: <u>type</u>
Name: <u>type</u> Address: <u>type</u> City: <u>type</u> State: <u>type</u> Zip Code: <u>type</u>	Name: <u>type</u> Address: <u>type</u> City: <u>type</u> State: <u>type</u> Zip Code: <u>type</u>			

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 COMPLETE AND CORRECT, AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.

Printed Name: _____ Signature: _____

Date: _____

NFLP Statement of Borrower's Rights and Responsibilities

1. I understand that I must, without exception, report any of the following changes to lending school if:

- a. I withdraw as full-time nurse faculty from the school of nursing.
- b. I transfer my employment as full-time nurse faculty to another accredited school of nursing.
- c. I should be called to ACTIVE military service.
- d. I change my address.
- e. I change my name (for example, because of marriage).

2. I understand that when I graduate or withdraw from the lending school, I must be available for the school to conduct an exit interview.

3. I understand that the NFLP service obligation requires me to be employed as full-time nurse faculty in an accredited school of nursing. In return, I will receive partial loan cancellation of up to 85% of my unpaid loan balance (including interest) and postponement of installment payments of my NFLP loan while serving as full-time nurse faculty.

4. I understand that my first installment payment will be due following the 9 months after I, 1) graduate and do not establish full-time employment as nurse faculty; or 2) cease to be enrolled as a student.

5. I understand that if I terminate my employment as full-time nurse faculty at a school of nursing, repayment of the NFLP loan must begin after the 9-month grace period.

6. I understand that: a. an annual percentage rate of 3 percent will be charged on the unpaid loan balance that will begin to accrue 3 months after I graduate from the advanced education nursing program.

b. during the period of time that I am employed as full-time nurse faculty at a school of nursing, the unpaid loan balance will bear interest at 3 percent per annum.

c. following graduation from the program and after the 9-month grace period, if I fail to establish full-time employment as nurse faculty, the unpaid loan balance will bear interest at the prevailing market rate.

d. if I cease to be employed full-time or terminate employment as nurse faculty at an accredited school of nursing, the unpaid loan balance will bear interest at the prevailing market rate.

e. the cancellation provision is NOT available if I do not establish employment within 12 months following graduation from the program.

7. I understand that cancellation of any remaining payment of the NFLP loan may be granted for death or permanent and total disability. I also understand that I must inform the lending school of my disability and provide documentation.

8. I understand that I am eligible for deferment for up to 3 years, (1) if I am ordered to active duty as a member of a uniformed service of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard, the National Oceanic and Atmospheric Administration Corps, or the U.S. Public Health Service Commissioned Corps); if I voluntarily join a uniformed service, I am NOT eligible for deferment, nor if I am employed by one of the uniformed services in a civilian capacity, or (2) if I graduate and am employed, and decide to return to a graduate nursing education program to pursue a doctoral degree to further my preparation as nurse faculty. During periods of deferment, interest on the loan continues to accrue at the prevailing market rate but is not required to be paid during this period. During the period of deferment, the borrower may repay the interest if they wish but is not required to do so.

9. I understand that the lending school may, based on its discretion, place my NFLP loan in forbearance when extraordinary circumstances such as poor health or hardships temporarily affect my ability to make scheduled loan repayments.

10. I understand that if I fail to repay my loan as agreed in the NFLP Promissory Note, the total loan may become due and payable immediately and legal action could be taken against me.

11. I understand that I must promptly answer any communication from the lending school regarding my NFLP loan.

12. I authorize the lending school to contact any school of nursing in which I may be employed, to obtain information concerning my employment status, my period of employment or termination, my transfer to another school of nursing, or my current address.

Type your Essay in the space below: