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: 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 ADDRESS Street Address 1: type Street Address 2: type Apartment Number: type P.O. Box Number: type City: type State type Zip 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: Type Type	7. DRIVER'S LICENSE NUMBER AND STATE type
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: type Address: type City: type State: type Zip Code: type	**Name:** type Address: type City: type State: type Zip 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 COMPLETE AND CORRECT AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.

Printed Name: _____ Signature: _____

Date: _____