

EXHIBIT C**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 before a NFLP loan is made.

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 I

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, Apartment Number, City, State, Zip Code)

5a. DAYTIME PHONE (Area Code/Number)

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5b. EVENING PHONE (Area Code/Number)

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6. EMAIL ADDRESS

7. DRIVER'S LICENSE NUMBER AND STATE

8. DEGREE PROGRAM:

9. EDUCATION LEVEL:

EXPECTED GRADUATION DATE: _____

 MASTER'S DOCTORAL

10. PERSONAL REFERENCES -- Friend(s) and Relative(s)

▪ NAME _____

ADDRESS: _____

▪ 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 THE SCHOOL.

Printed Name _____ Signature _____

Date _____