

2024-2025 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 Financial Aid Office, IWU National & Global, before an NFLP loan offer 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)		5. DAYTIME PHONE (Area Code/Number) ()
		6. EMAIL ADDRESS
7. EMPLOYER REIMBURSEMENT (If \$0 put \$0) AMOUNT \$ _____ per _____		8. DRIVER'S LICENSE NUMBER AND STATE
9. ELIGIBILITY Indiana Wesleyan University requires that all students apply for the NFLP loan must complete the Free Application for Federal Student Aid (FAFSA). I have completed the 2024-2025 FAFSA and the information has been submitted to IWU. <input type="checkbox"/> Yes <input type="checkbox"/> I will complete it before the NFLP deadline		10. EDUCATION LEVEL: <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL DEGREE PROGRAM: _____ EXPECTED GRADUATION DATE: _____
		11. LOAN AMOUNT REQUESTED \$ _____ If you wish to receive your full eligibility write MAX. The requested amount is not guaranteed.
12. PERSONAL REFERENCES -- Friend(s) and Relative(s) 1) NAME: _____ ADDRESS: _____ _____ 2) NAME: _____ ADDRESS: _____ _____		

SECTION II

13. 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 _____

Submit your completed application to:
Indiana Wesleyan University • Financial Aid Office, IWU National & Global
1886 West 50th Street • Marion, IN 46953
Email: IWUfinaid@indwes.edu • Fax: (765) 677-2030