

## 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 Graduate Nursing 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

<b>1a. APPLICANT NAME</b> (Last) (First) (M.I.)	<b>2. SOCIAL SECURITY NUMBER (SSN)</b>								
<b>1b. OTHER NAMES USED</b> (Last) (First) (M.I.)	<b>3. DATE OF BIRTH (Month/Day/Year)</b>								
<b>4. CURRENT ADDRESS (Number, Street, Apartment Number, City, State, Zip Code)</b>	<b>5. DAYTIME PHONE (Area Code/Number)</b> (     )								
	<b>6. EMAIL ADDRESS</b>								
<b>7. EMPLOYER REIMBURSEMENT (If \$0 put \$0)</b>  AMOUNT \$ _____ per _____	<b>8. DRIVER'S LICENSE NUMBER AND STATE</b>								
<b>9. ELIGIBILITY</b>  Indiana Wesleyan University requires that all students apply for the NFLP loan must complete the Free Application for Federal Student Aid (FAFSA).  <b>I have completed my 2009-2010 FAFSA and the information has been submitted to IWU.</b>  <input type="checkbox"/> Yes <input type="checkbox"/> I will complete before NFLP deadline	<b>10. EDUCATION LEVEL:</b> <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL  DEGREE PROGRAM: _____  EXPECTED GRADUATION DATE: _____								
	<b>11. AMOUNT REQUESTED</b>  \$ _____  <b>If you wish to receive your full eligibility write MAX. – These amounts are not guaranteed.</b>								
<b>12. PERSONAL REFERENCES -- Friend(s) and Relative(s)</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">1) NAME _____</td> <td>ADDRESS: _____</td> </tr> <tr> <td> </td> <td>_____</td> </tr> <tr> <td>2) NAME _____</td> <td>ADDRESS: _____</td> </tr> <tr> <td> </td> <td>_____</td> </tr> </table>		1) NAME _____	ADDRESS: _____		_____	2) NAME _____	ADDRESS: _____		_____
1) NAME _____	ADDRESS: _____								
	_____								
2) NAME _____	ADDRESS: _____								
	_____								
<b>SECTION II</b>									
<b>13. ACKNOWLEDGEMENT</b>  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 • Division of Graduate Studies in Nursing • Terry Neal, Interim Chair  
 1900 W. 50<sup>th</sup> Street • Marion, IN 46953