



NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION

(To be completed by the Borrower)

This form must be completed in its entirety and returned to Dean Cowan (CON) who will send it to the Office of the Bursar before a NFLP loan is made. Awardees may use this form to collect other data required for the NFLP Reports.

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. APPLICANT INFORMATION

<p>1a. APPLICANT NAME</p> <p style="text-align: center;">(Last) (First) (M.I.)</p>	<p>2. SOCIAL SECURITY NUMBER (SSN)</p>
<p>1b. OTHER NAMES USED</p> <p style="text-align: center;">(Last) (First) (M.I.)</p>	<p>3. DATE OF BIRTH (Month/Day/Year)</p>
<p>4. CURRENT ADDRESS (Number, Street, Apartment Number, City, State, Zip Code)</p>	<p>5a. DAYTIME PHONE (Area Code/Number)</p> <p style="text-align: center;">()</p> <hr/> <p>5b. EVENING PHONE (Area Code/Number)</p> <p style="text-align: center;">()</p>
<p>6. EMAIL ADDRESS</p>	<p>7. DRIVER'S LICENSE NUMBER AND STATE</p>
<p>8. DEGREE PROGRAM:</p> <p>_____</p> <p>EXPECTED GRADUATION DATE: _____</p>	<p>9. EDUCATION LEVEL:</p> <p style="text-align: center;"> <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL </p>
<p>10. PERSONAL REFERENCES -- Friend(s) and Relative(s)</p> <ul style="list-style-type: none"> ▪ NAME _____ ADDRESS: _____ ▪ NAME _____ ADDRESS: _____ 	<p>11. ACKNOWLEDGEMENT</p> <p>I, the above named applicant, have been informed that I must agree to the service obligation associated with the Nurse Faculty Loan Program. THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE UAMS COLLEGE OF NURSING.</p> <p>Printed Name _____</p> <p>Signature _____</p> <p>Date _____</p>

SECTION II. CERTIFICATION TO BE COMPLETED BY UAMS COLLEGE OF NURSING

The UAMS College of Nursing has reviewed the Nurse Faculty Loan Application and academic records for _____, ID number _____, and has determined that the student meets the College's criteria for "good standing" and that the student meets the academic career / program requirements set forth by the U.S. Department of Health and Human Services, Health Resource and Services Administration to participate in and receive funding from the Federal Nurse Faculty Loan Program (NFLP).

Patricia A. Cowan, Dean, UAMS College of Nursing

Signature _____

Date _____