NURFAP

Marshall University
NURSE FACULTY LOAN PROGRAM (NFLP)
LOAN APPLICATION

(To be completed by the Borrower)
This form must be completed in its entirety and returned to Marilyn Fox, COHP 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) MU ID NUMBER (901)
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) 5b. EVENING PHONE (Area Code/Number)
6. EMAIL ADDRESS	7. DRIVER'S LICENSE NUMBER AND STATE
8. DEGREE PROGRAM: _____ EXPECTED GRADUATION DATE:_____	9. EDUCATION LEVEL: □ MASTER'S
10. PERSONAL REFERENCES – Friend(s) and Relative(s) 1)NAME _____ 2)NAME_____	ADDRESS: _____ _____ 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.

MY SIGNATURE CERTIFIES THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.

Printed Name_____ Signature _____

Date _____