

**University of Massachusetts Dartmouth  
College of Nursing**

**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.

<b>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.</b>	
<b>SECTION I</b>	
1a. <b>APPLICANT NAME</b> (Last) (First) (M.I.)	2. <b>SOCIAL SECURITY NUMBER (SSN)</b>
1b. <b>OTHER NAMES USED</b> (Last) (First) (M.I.)	3. <b>DATE OF BIRTH (Month/Day/Year)</b>
4. <b>CURRENT ADDRESS</b> (Number, Street, Apartment Number, City, State, Zip Code)	5a. <b>DAYTIME PHONE (Area Code/Number)</b> ( )
	5b. <b>EVENING PHONE (Area Code/Number)</b> ( )
	5c. <b>CELL PHONE (Area Code/Number)</b> ( )
6. <b>EMAIL ADDRESS</b> University - Personal -	7. <b>DRIVER'S LICENSE NUMBER AND STATE</b>
8. <b>DEGREE PROGRAM:</b> _____	9. <b>EXPECTED GRADUATION DATE:</b> _____ <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL
10. <b>PERSONAL REFERENCES -- Friend(s) and Relative(s)</b>	
1) NAME _____ ADDRESS: _____	_____
2) NAME _____ ADDRESS: _____	_____
<b>SECTION II</b>	
11. <b>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 \_\_\_\_\_

Academic Year \_\_\_\_\_ Requested Loan Amount \_\_\_\_\_

Citizenship Documentation: US passport/copy attached [ ]      Birth Certificate/copy attached [ ]  
Naturalization Certificate/copy attached [ ]