

EXHIBIT C

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.	
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)	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: <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL
10. PERSONAL REFERENCES -- Friend(s) and Relative(s) ■ NAME _____ ADDRESS: _____ ■ NAME _____ 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.	

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

Printed Name _____ Signature _____

Date _____