

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)
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1b. OTHER NAMES USED (Last) (First) (M.I.)	3. DATE OF BIRTH (Month/Day/Year)
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4. CURRENT ADDRESS (Number, Street, Apartment Number, City, State, Zip Code)	5a. DAYTIME PHONE (Area Code/Number) ()
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	5b. EVENING PHONE (Area Code/Number) ()
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6. EMAIL ADDRESS	7. DRIVER'S LICENSE NUMBER AND STATE
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8. DEGREE PROGRAM: _____	9. EDUCATION LEVEL:
EXPECTED GRADUATION DATE: _____	<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 _____