

Eastern Michigan University  
 School of Nursing  
**NURSE FACULTY LOAN PROGRAM (NFLP)**  
**Application Form**  
*Print or Type*

|  |  |                                       |
|--|--|---------------------------------------|
| Applicant Name (Last, First, Middle)   | E#   |                                       |
|  | Social Security Number   |                                       |
| Other Names Used (Last, First, Middle)   | Date of Birth (Month/Day/Year)   |                                       |
| Current Address (Number, Street, Apartment Number, City, State, Zip)   | Daytime Phone (Area Code/Number)   |                                       |
|  | Evening Phone (Area Code/Number)   |                                       |
| Email Address  | Driver's License Number and State  |                                       |
| Degree Program:  | Semester & Year Entered:   | Semester & Year Expected to Graduate: |
| Personal References (Friend(s) and Relative(s))<br><br>1) Name _____<br><br>Address _____<br><br>2) Name _____<br><br>Address _____  | US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, citizenship status:   |                                       |
|  | Although need is not a criteria, federal approval for this program requires submission of a FAFSA<br><a href="http://www.fafsa.ed.gov">http://www.fafsa.ed.gov</a> |                                       |
|  | <input type="checkbox"/> Yes, I submitted my FAFSA<br><input type="checkbox"/> No, I did not submit my FAFSA   |                                       |
|  | <input type="checkbox"/> I am not in default of a federal loan.<br><input type="checkbox"/> I am in default of a federal loan.                                     |                                       |
| Please briefly explain in the space below your anticipated type of faculty position (institution type, specialty, student level, etc.)   |  |                                       |
| <b>THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL. I HAVE BEEN INFORMED THAT I MUST AGREE TO THE SERVICE OBLIGATION ASSOCIATED WITH THE NFLP.</b> |  |                                       |
| Applicant Signature:   | Date   |                                       |

Submit your completed application to: EMU School of Nursing, 311 Marshall Bldg, Ypsilanti, MI 48197