

# 2023-2024 Nurse Faculty Loan Program (NFLP) Application

**INSTRUCTIONS:** This form must be completed in its entirety to be considered. Approvals of this application are obtained by the College of Nursing and completed and approved forms are submitted to the Office of Student Financial Aid for processing.

1. Student Name: \_\_\_\_\_ ID: \_\_\_\_\_  
First MI Last Student ID

2. Are you a citizen or national of the United States, or a lawful permanent resident?  No  Yes  
 Note: A student who is in the United States on a student or visitor's visa is **NOT** eligible for NFLP.

3. Have you completed the 2023-2024 FASFA online?  No  Yes  
 Note: The FASFA can be completed online at [studentaid.gov](http://studentaid.gov).

4. Are you in default on a federal debt?  No  Yes

5. Will you receive tuition reimbursement for courses taken at Rush University?  No  Yes  
 If Yes, how much are you approved to receive for tuition reimbursement? Please check the appropriate option: P/T \_\_\_\_\_ F/T \_\_\_\_\_

6. Please mark your program(s) below (check all that apply).

Check Here	Program	Check Here	Program
<input type="checkbox"/>	NURSING PhD Clinical Specialty: _____	<input type="checkbox"/>	DNP – Systems Leadership
<input type="checkbox"/>	MSN/DNP – Clinical Nurse Specialist & Advanced Public Health Nursing	<input type="checkbox"/>	MSN/DNP – Nurse Practitioner & Nurse Anesthesia
<input type="checkbox"/>	Adult-Gerontology	<input type="checkbox"/>	Adult-Gerontology - Acute Care (AACNP)
<input type="checkbox"/>	Adult-Gerontology – Critical Care	<input type="checkbox"/>	Adult-Gerontology – Primary Care (AGNP)
<input type="checkbox"/>	Advanced Public Health Nursing	<input type="checkbox"/>	Anesthesia (CRNA)
<input type="checkbox"/>	Neonatal	<input type="checkbox"/>	Family (FNP)
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	Neonatal (NNP)
<input type="checkbox"/>		<input type="checkbox"/>	Pediatric – Acute Care (ACPNP)
<input type="checkbox"/>	MSN – Clinical Nurse Leader	<input type="checkbox"/>	Pediatric – Primary Care (PNP)
<input type="checkbox"/>		<input type="checkbox"/>	Psychiatric-Mental Health (PMHNP)

7. During what term and year did you or will you begin your studies? Fall (Year) \_\_\_\_\_ Spring (Year) \_\_\_\_\_ Summer (Year) \_\_\_\_\_

8. Please describe your career goals as they relate to the Nurse Faculty Loan Program on an additional sheet of paper.

9. Please indicate below the amount of NFLP funding you wish to borrow for the academic year.

\_\_\_\_ I wish to be considered for full tuition/books (up to the max allowed for the year)  
 \_\_\_\_ I wish to be considered for partial tuition/books. I am requesting a total of \$ \_\_\_\_\_ in loans for the year.

10. Please sign and date below indicating your intention to participate in the NFLP Program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

11. Please attach your Plan of Study (POS). Your POS must be reviewed by your academic advisor. Your academic advisor must sign below for this application to be considered. **Please be sure that the required education courses are included in the POS.**

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUBMISSION:** Please return this completed form (with Career Goals, Plan of Study and Resume/CV) electronically for review and decision online at: [https://rushedu-auvic.formstack.com/workflows/nflp\\_forms\\_submission](https://rushedu-auvic.formstack.com/workflows/nflp_forms_submission)