

2020-21 Nurse Faculty Loan Program (NFLP) Application

Fall 2020 – Summer 2021

Rush University · Office of Student Financial Aid

INSTRUCTIONS: This form must be completed in its entirety to be considered. Please return this completed form (with attached Plan of Study and CV) to Dr. Barbara Swanson in the College of Nursing.

1. Student Name: _____ ID: _____
First MI Last Student ID

Please attach a current copy of your CV to this form, along with your Plan of Study.

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. Also, to verify citizenship status, you must complete the 2020-21 FAFSA at www.fafsa.ed.gov.**

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

4. Will you receive **tuition reimbursement** for courses taken at Rush University? No Yes

If Yes, list the amount \$ _____ of reimbursement for the year, or indicate the % of tuition covered: _____ %

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

NURSING PhD Clinical Specialty: _____	DNP – SYSTEMS LEADERSHIP
MSN/DNP – CLINICAL NURSE SPECIALIST & ADVANCED PUBLIC HEALTH NURSING	MSN/DNP – NURSE PRACTITIONER & NURSE ANESTHESIA
Adult-Gerontology	Adult-Gerontology - Acute Care (AACNP)
Adult-Gerontology – Critical Care	Adult-Gerontology – Primary Care (AGNP)
Advanced Public Health Nursing	Anesthesia (CRNA)
Neonatal	Family (FNP)
Pediatric	Neonatal (NNP)
	Pediatric – Acute Care (ACPNP)
MSN – CLINICAL NURSE LEADER	Pediatric – Primary Care (PNP)
	Psychiatric-Mental Health (PMHNP)

6. During what term did you/will you begin your studies? _____

7. Please describe your career goals as they relate to the Nurse Faculty Loan Program. If you need additional space, please attach a separate sheet.

8. Please indicate below the amount of NFLP funding you wish to borrow for the 2020-21 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.

9. 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: ____/____/____

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

Student Signature: _____ Date: ____/____/____

OFFICE USE ONLY: FA Office: Max loan amount/Comments: _____

College of Nursing: Approved/Denied? _____ Comments: _____