

2021-22 Nurse Faculty Loan Program (NFLP) Application
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

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. You must complete the 2021-2022 FAFSA for final confirmation of eligibility. The FAFSA can be completed online at studentaid.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, how much are you approved to receive for tuition reimbursement?

Please check the appropriate option: Part-time ☐ Full-time ☒

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

Check Here	Program	Check Here	Program
	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 and year did you/will you begin your studies? Fall (Year) _____ Spring (Year) _____ Summer (Year) _____

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

Student Signature: _____ Date: ____/____/____

10. 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: ____/____/____

Students: Please return this completed form (with attached Plan of Study and CV) to Dr. Barbara Swanson in the College of Nursing.

OFFICE USE ONLY:

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

Authorized Signature: _____ Date: _____