

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