

**CLEVELAND STATE UNIVERSITY**  
**SCHOOL OF NURSING**  
**NURSE FACULTY LOAN PROGRAM (NFLP)**  
**Loan Assistance Request Form**

Academic Year for Request: \_\_\_\_\_ - \_\_\_\_\_ (e.g., 2014-2015)

CSU ID: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
CSU EMAIL: \_\_\_\_\_  
PERSONAL EMAIL: \_\_\_\_\_

Please indicate the semester and year for which you are requesting funds, and the amount of loan financial assistance you would like for each semester. Financial aid assistance covers tuition, fees, books, laboratory expenses, and other reasonable educational expenses. This assistance DOES NOT support living expenses, student transportation costs, room/board, or personal expenses.

SEMESTER	YEAR	AMOUNT REQUESTED
FALL	_____	\$ _____
SPRING	_____	\$ _____
SUMMER	_____	\$ _____

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This form must be completed and submitted with the Nursing Faculty Loan Program (NFLP) Application (Exhibit C) by December 1\* of each year via US Mail ONLY to

Dr. Maureen M. Mitchell  
School of Nursing, JH 231  
Cleveland State University  
2121 Euclid Avenue  
Cleveland, Ohio 44115-2214

*\*Applications will be considered after this date. Funds are dispersed on a first-come, first-served basis pending availability of loan funds.*