

# EXHIBIT E

## NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION

(To be completed by the Borrower)

This form must be completed in its entirety and returned to the office of the Bursar 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)				
1) NAME _____		ADDRESS: _____		
2) 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.

My electronic submission of this form demonstrates that all the information contained in this application is accurate and current.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_