EXCELSIOR COLLEGE®

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Start to Finish℠

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 an NFLP loan is made.

You may complete this form on-screen and save a copy for your records; however, an original signature is required. Return your completed form by mail or fax. We will accept a completed, signed form via email. Scan your signed form to pdf format and email to VAFA@excelsior.edu.

WARNING: **Any person who knowingly makes a false statement or misrepresentation in an 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 (mm/dd/yyyy format)
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

8a. RACE
American Indian or Alaska Native

8b. ETHNICITY
Non-Hispanic or Non-Latino Ethnicity & Asian (not underrep

*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented.

9. DEGREE PROGRAM _____

EXPECTED GRADUATION DATE _____

10. EDUCATION LEVEL
☐ Master's ☐ Doctoral

11. PERSONAL REFERENCES – Friend(s) and Relative(s)

1) NAME _____ ADDRESS: _____

_____

2) NAME _____ ADDRESS: _____

_____

SECTION II

12. 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 of Borrower

_____ Signature of Borrower (Original Signature Required)

_____ Date