



Application for Nursing Student Loan (NSL) Program

This program is available to students who have exceptional financial need. The Health Professions Programs, Nursing Student Loan Program is administered by the Department of Health Resources and Services Administration (HRSA). For more information please visit the website: www.hrsa.gov.

Last Name: _____ First Name: _____ MI: _____

Student ID: _____ Email Address: _____ Phone #: _____

Street Address: _____ City: _____ State: _____ Zip code: _____

Program of Study: _____ Graduation Date: _____ Amount Requested: _____

To be eligible for the Health Professions Program you must:

- Be a citizen, national, or lawful permanent resident of the United States of the District of Columbia, the Commonwealth of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands, and the Federated State of Micronesia
- **Complete 2023-2024 Free Application for Federal Student Aid (FAFSA)**—use IRS Data Retrieval Tool to link your taxes if available
- Demonstrate financial need
- Full-time or half-time enrollment is required
- Be in good standing and meet Satisfactory Academic Progress (SAP)
- Not have any unresolved defaults or overpayments owed to Title IV educational loans and grants

Terms and Conditions:

- The interest rate is currently 5%.
- There are no origination fee and guarantee fees.
- Repayment of principle and interest begins 9 months after graduation, withdrawal, or no longer considered a full-time or half-time student.
- No interest accumulates while enrolled full-time or half-time or during 9 month grace period.
- For economic hardship, payments may be deferred, extended, or reduced.
- You may be allowed up to 10 years to repay loans.
- NSLs can be consolidated with Federal Direct Loans for repayment purposes.

The annual loan limit for 2023-24 is \$8,588. The aggregate maximum that any nursing student may obtain is \$26,928.

Signature of Student _____

Date _____

Personal and Confidential Information

To be completed by the Student
(PLEASE PRINT)

NAME _____ ACCOUNT NUMBER _____
(Last) (First) (Middle Initial)

PERMANENT ADDRESS

Street _____
Include Apt. No.

City _____

State _____ Zip _____

Phone Number _____
Area Code

Cell Phone Number _____ E-Mail Address _____
Area Code

Birth Date _____ Social Security Number _____

Driver's License Number _____ State of Issue of D/L _____

Expected Graduation Date _____

Current Employer _____
Name Address Phone No.

Spouse's Name _____

Spouse's Employer _____
Name Address Phone No.

PARENT OR GUARDIAN

Father, Stepfather or Guardian / / / / / / / / / /
Street Address City State Zip Phone No.

Mother, Stepmother or Guardian / / / / / / / / / /
Street Address City State Zip Phone No.

PERSONAL REFERENCES
 (e.g. A professional friend or associate)

1. Name	Phone No.	2. Name	Phone No.
Address		Address	
City, State	Zip	City, State	Zip
Employer	Phone No.	Employer	Phone No.
Address		Address	
City, State	Zip	City, State	Zip
3. Name	Phone No.	4. Name	Phone No.
Address		Address	
City, State	Zip	City, State	Zip
Employer	Phone No.	Employer	Phone No.
Address		Address	
City, State	Zip	City, State	Zip

OTHER INFORMATION

Please Check

Plan for next 12 months:

Military, Branch/Base Seek Employment Continue Education

Signature of Borrower X _____ DATE _____

White copy – return to your lending institution. Yellow copy – retain for your records.