



Sinclair School of Nursing

University of Missouri

Nurse Faculty Loan Program Application, 2020-2021

Applicant Name:	_____	_____	_____
	Last	First	MI
Current Address:	_____	_____	_____
	Number & Street	City	State Zip
E-Mail Address:	_____	Date of Birth:	_____
Phone Number:	_____	U.S. Citizen?	Yes No
MU Student/Employee ID:	_____		
Driver's License #:	_____	State:	State of Residence: _____
Ethnicity:	Hispanic or Latino	Non-Hispanic or Non-Latino	
Race:	Please check one or more that apply.		
	Asian (other)	White/Caucasian	Hawaiian/Pacific Islander
	American Indian or Native Alaskan		Black or African-American
	Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)		
Gender:	Male	Female	
Citizenship status:	U.S. Citizen since birth	Non-Citizen, Permanent U.S. Resident Visa	
	Naturalized U.S. Citizen	Non-Citizen, Temporary U.S. Visa	
Are you from a rural residential background?	Yes	No	
	Definition of rural is a geographical area that is not part of a Metropolitan Statistical Area. To check if an area is rural, go to http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx .		
Are you from a disadvantaged background?	Yes	No	
	Definition of a disadvantaged background is a citizen, national, or lawful permanent resident of the United States or the District of Columbia, the Commonwealths 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 who either:		
	a) Comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR		
	b) Comes from a family with an income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.		
What is your veteran status?	Active duty military	Reservist	
	Veteran (prior service)	Veteran (retired) Not a Veteran	
I	am not in default of a federal or other loan.		

Are you receiving any financial assistance for this program?	Yes	No
If yes, please list source /amount:		
Highest degree obtained?	Name of University:	
If employed, current position and place of employment:		
Degree Program:	PhD	DNP
If DNP, what role?		
Date Entered Program:	_____ / _____ semester year	Expected Graduation Date: _____ / _____ semester year
How many credit hours have you completed towards your doctorate? _____		
Describe any previous teaching experiences you have (e.g., precepting, staff development, clinical teaching, didactic teaching):		
Status:	Part time	Full time
Indicate courses you will take during the next three semesters:		
Fall 2020 - Course Numbers/Names & Credit Hours		
Spring 2021 - Course Numbers/Names & Credit Hours		
Summer 2021 - Course Numbers/Names & Credit Hours		

Professional References

1) Name: _____ Phone #: _____

Address: _____

2) Name: _____ Phone #: _____

Address: _____

Include any information you want us to know as we consider applications for these funds:

Agreement

I have read the recipient responsibilities associated with the [Nurse Faculty Loan Program](#) and understand that I must:

- complete the [specified education component\(s\)](#) for the Nurse Faculty Loan Program prior to graduating from the doctoral program, and
- agree to the service obligation associated with the Nurse Faculty Loan Program in order to be eligible to receive an award from this fund. This means I agree to teach in a school of nursing for a minimum of four years. Following graduation and upon full-time employment* in a school of nursing (within 12 months of graduation**), I can cancel up to 25% per year for a maximum of 85% of the total loan (years 1, 2, 3 at 20%; year 4 at 25%). Failure to comply with the teaching obligation will result in replay of the loan with interest.

*Nurse Faculty Loan Program full-time employment criteria is based on the following: 1) Employment as a full-time faculty member at an accredited school of nursing. 2) Employment as a part-time faculty member at an accredited school of nursing in combination with another part-time faculty position or part-time clinical preceptor/educator position affiliated with an accredited school of nursing that together equates to full-time employment. 3) Employment as designated joint-appointment faculty serving as a full-time Advanced Practice Registered Nurse (APRN) preceptor, within an Academic Practice Partnership Framework, and affiliated with an accredited school of nursing.

**NFLP borrowers are allowed up to 12 months to gain employment following graduation from their course of study. The allowance period goes beyond the grace period for repayment (9 months) and provides the borrowers additional time to meet their service obligation and receive loan cancellation. Loan repayment must officially start after the 9th month.

Although need is not a criteria, federal approval for this program requires submission of a Free Application for Federal Student Aid ([FAFSA](#)). My FAFSA _____ has _____ has not been submitted.

The above information is correct and complete, and I hereby authorize verification as required by the school.

Printed Name: _____ Date: _____

Signature: _____

Submit your completed application, ALONG WITH A COPY OF YOUR TRANSCRIPT (an unofficial transcript is acceptable), to:

Linda Huether
 S214, Sinclair School of Nursing
 University of Missouri
 Columbia, MO 65211
HuetherL@missouri.edu

Deadline for submission: July 15, 2020.

If you have any questions, contact the Sinclair School of Nursing at (573) 882-0278.