



# Sinclair School of Nursing

University of Missouri

## Nurse Faculty Loan Program Application, 2021-2022

Applicant Name: _____			
Last	First	MI	
Current Address: _____			
Number & Street	City	State	Zip
E-Mail Address: _____		Date of Birth: _____	
Phone Number: _____			
MU Student/Employee ID: _____		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License #: _____	State: _____	State of Residence: _____	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino			
Race: Please check one or more that apply.			
<input type="checkbox"/> Asian (other)	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hawaiian/Pacific Islander	
<input type="checkbox"/> American Indian or Native Alaskan	<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Citizenship status: <input type="checkbox"/> U.S. Citizen since birth <input type="checkbox"/> Non-Citizen, Permanent U.S. Resident Visa			
<input type="checkbox"/> Naturalized U.S. Citizen <input type="checkbox"/> Non-Citizen, Temporary U.S. Visa			
Are you from a rural residential background? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <a href="http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx">http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx</a> .			
Are you from a disadvantaged background? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Active duty military <input type="checkbox"/> Reservist			
<input type="checkbox"/> Veteran (prior service)	<input type="checkbox"/> Veteran (retired)	<input type="checkbox"/> Not a Veteran	
I <input type="checkbox"/> am <input type="checkbox"/> 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: \_\_\_\_\_ / \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_ / \_\_\_\_\_  
semester year 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 - Course Numbers/Names & Credit Hours

Spring - Course Numbers/Names & Credit Hours

Summer - 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](mailto:HuetherL@missouri.edu)

**Deadline for submission: August 9, 2021.**

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