## NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION

Date \_

**EXHIBIT C** 

(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<br>(Last)  | (First)            | (M.I.)             | PID                                   | 2. SOCIAL SECURITY NUMBER (SSN)  |  |  |
| 1b. OTHER NAMES USED (Last)   | (First)            | (M.I.)             |                                       | 3. DATE OF BIRTH (Month/Day/Year)  |  |  |
| 4. CURRENT ADDRESS (N   | lumber, Street, Ap | artment Number, Ci |                                       | 5a. DAYTIME PHONE (Area Code/Number)  ()  5b. EVENING PHONE (Area Code/Number)  ()  NSE NUMBER AND STATE |  |  |
| 8. DEGREE PROGRAM   |                    |                    | 9. SEMESTER and                       | YEAR entered the program:  |  |  |
| ☐ MASTER'S EXPECTED GRADUATIO   |                    | PhD                | [Semester]                            | [Year]   |  |  |
| 10. PERSONAL REFERENC Name Address  |                    |                    |                                       |  |  |  |
| 11. Student PID:  |                    |                    | 11.How many years<br>include the 2017 | s have you received NFLP funding (do not<br>7-18 year)?<br>  |  |  |
|   |                    | SEC                | TION II                               |  |  |  |
|   |                    |                    |                                       | nurse educator. Describe the specialty, student level, etc.):  |  |  |
| 14. ACKNOWLEDGEMENT   |                    |                    |                                       |  |  |  |
| I, the above-named applical   |                    |                    |                                       | tion associated with the Nurse   |  |  |
| The above information is correct and complete, and I hereby authorize verification as required by the school. |                    |                    |                                       |  |  |  |
| Printed Name:   |                    |                    | Signature                             |  |  |  |

## **NFLP Budget Template**

NOTE: UNIVERSITY Tuition and Fees: see next page

NFLP loan amounts to a student borrower must not exceed \$35,500 for an academic year.

| Spring 2024 | Summer 2024 |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             | N/A         |
|             |             |
|             |             |
|             |             |
| N/A         | N/A         |
|             |             |
|             |             |
|             |             |
|             | N/A         |

| Total Requested  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| Total Approved (OFFICE USE ONLY)                         |  |  |  |  |  |  |  |  |  |  |
| +Please describe "other" educational expenses in detail: |  |  |  |  |  |  |  |  |  |  |
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## **Estimated Semester Tuition Rates 2023-2024**

| Incoming Students                              | Per Credit<br>Hour | Tuition Max<br>Rate* | Student<br>Fees** |  |
|--|--------------------|----------------------|-------------------|--|
| MSN & DNP Graduate Resident (In-State)         | \$1,019.57         | \$9,176.00           | \$994.48          |  |
| MSN & DNP Graduate Non-Resident (Out-of-State) | \$2,035.79         | \$18,322.00          | \$994.48          |  |
| PhD Graduate Resident (In-State)               | \$586.23           | \$5,276.00           | \$991.32          |  |
| PhD Graduate Non-Resident (Out-of-State)       | \$1,602.45         | \$14,422.00          | \$991.32          |  |

<sup>\*</sup>Graduate tuition is capped at 9 credit hours per semester for most programs; Rates vary based on academic program. See your bill for your actual rate.

Mandatory Student Health Insurance of \$1,392.40 is added to each semester. To waive this charge, you must have other health insurance and request a waiver before September 11 for fall semester and January 31 for spring semester.

https://cashier.unc.edu/tuition-fees/

<sup>\*\*</sup>All students are subject to mandatory student fees. Additional fees may be assessed depending on your academic program and for certain courses.