

	Amount of Loan Advanced to Borrower	Total of Loan(s) Advanced to Date	Date	Signature of Borrower
1				
2				
3				
4				
5				

The Borrower and the school further understand and agree that:
 The school must determine that an NFLP loan applicant is eligible before making the loan. To be eligible to receive an NFLP loan, a borrower must: (1) be a U.S. citizen or national of the U.S. or a lawful permanent resident of the U.S. and its territories, (2) be enrolled full-time or part-time in an eligible program at the time the NFLP loan is established and must complete the education component(s) to prepare qualified nurse faculty, (3) be in good academic standing in an advanced nurse education program at the school, and (4) have no judgment liens entered against him/her based on the default on a federal debt, 28 U.S.C. 3201(e). The borrower should maintain full time or part-time enrollment status for a minimum of 2 terms/semesters during an academic year while receiving the NFLP loan.

Loan Support: The school will make NFLP loans to eligible students for the cost of tuition, fees, books, lab expenses, and other reasonable education expenses. An NFLP loan may not exceed \$35,500 per student for any academic period (and such amounts shall be adjusted to provide for a cost-of-attendance increase for the yearly loan

Nurse Faculty Loan Program Statement of Borrower's Rights and Responsibilities

1. I understand that I must, without exception, report any of the following changes to lending school if:
 - a. I withdraw as full-time nurse faculty from the school of nursing
 - b. I transfer my employment as full-time nurse faculty to another accredited school of nursing
 - c. I should be called to ACTIVE military service
 - d. I change my address
 - e. I change my name (for example because of marriage)
2. I understand that when I graduate or withdraw from the lending school, I must be available for the school to conduct an exit interview.
3. I understand that the NFLP service obligation requires me to be employed as full-time nurse faculty in an accredited school of nursing. In return, I will receive partial loan cancellation of up to 85% my unpaid loan balance (including interest) and postponement of installment payments of my NFLP loan while serving as full-time nurse faculty.
4. I understand that my first installment payment will be due following the 9 months, of) graduate and do not establish full-time employment as nurse faculty; or 2) cease to be enrolled as a student.
5. I understand that if

EXHIBIT B continued

9. I understand that the lending school may, based on its discretion, place my NFLP loan in forbearance when extraordinary circumstances such as poor health or hardships temporarily affect my ability to make scheduled loan repayments.
10. I understand that if I fail to repay my loan as agreed in the NFLP Promissory Note, the total loan may become due and payable immediately and legal action could be taken against me.
11. I understand that I must promptly answer any communication from the lending school regarding my NFLP loan.
12. I authorize the lending school to contact any school of nursing in which I may be employed, to obtain information concerning my employment status, my period of employment, or termination, my transfer to another school of nursing, or my current address.
13. I authorize the lending school to report any delinquency or default on this loan to credit bureaus.

ANNUAL PERCENTAGE RATE

The 2021 National 1.P n nt8 1.PF.5 (-)-1L

EXHIBIT C

NFLP EMPLOYMENT CERTIFICATION FORM

[Applicant's Name] entered into a contractual agreement with the [

NFLP DISABILITY CHECKLIST

EXHIBIT F

NAME: NAM

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH WORKFORCE
5600 FISHERS LANE, PARKLAWN BUILDING, ROCKVILLE, MARYLAND 20857

NFLP REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT

INSTRUCTIONS: A Nurse Faculty Loan may be postponed, in lieu of payment in accordance with the repayment schedule established by the school from which the loan was made, only if the borrower is employed full-time as a faculty at an accredited school of nursing and expects to claim partial cancellation of his or her loan at the end of each complete year of such employment.

The borrower must submit two (2) copies of this form 30 days before the initial 9-month grace period. This form must be filed annually, in lieu of payment;

subsequent requests for postponement of installment a ile n an s 9 to entw 15Dinst 15 (10) 120624 ()Tj EMDa Tw 1.121 07 0 Td b17 (y)33.4 (al)JTJ19 (t)-19.ex) Tc e)17w 0.c h

NFLP EXIT INTERVIEW – Questionnaire

Date: _____

NFLP Participant Name: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Permanent Mailing Address:

Telephone Number: _____

Email Address: _____

Additional contacts able to provide your address upon request:

Telephone Number: _____

Name and Address of Employer (If known):

Telephone Number: _____

What are your future career plans?

NFLP FORBEARANCE REQUEST FORM

Borrower Name: _____ Social Security Number: _____
 Street Address, City/State/Zip: _____
 Original Loan Balance: _____ Present Loan Balance: _____

If poor health or your present financial situation makes paying your Nurse Faculty Loan Program (NFLP) loan a financial hardship, we may be able to grant forbearance of your NFLP loan. Principal payments are delayed during forbearance; however, interest will continue to accrue. You may pay the interest as it accrues or allow it to be added to your outstanding principal balance (capitalized) when the forbearance period ends. You must complete this entire form and show due financial hardship before we can grant you a forbearance of your loan. Read this form carefully before signing and return it by _____. When we receive your request we will review it immediately and will notify you of our decision. You must continue making your regular monthly payments until your forbearance request is approved. If you are past due on your payments, it is especially important that you return this form to us. Collection activities will continue against you until we have received and approved this form: late notices will be sent, phone calls will be made, and, if your payments become seriously past due, the delinquency may be reported to a National credit bureau.

If you are interested in requesting forbearance of your NFLP loan, please fill out this form completely and return it to us by _____. You must provide the reason for your financial hardship before we can grant a forbearance of your loan. You may contact us _____ if you have any questions.

BORROWER FINANCIAL DATA

Employer Name _____ Address _____ City _____ State _____ Zip _____

Years Employed _____ Net Monthly Salary _____ Other Income _____ Source of Other Income _____

Monthly Expenses:
 RENT/MORTGAGE: _____ UTILITIES: _____ FOOD: _____ OTHER: _____

Creditor's Information:

Name of Creditor	City/State	Monthly Payment	Balance	Past Due Amount

REASON

Although I intend to repay my NFLP loan balance, I am temporarily unable to make payments because (state reason below):

AGREEMENT

I request forbearance of my NFLP loan starting _____ and ending _____. Any outstanding accrued interest may be added to and become a part of the principal of the loan at the end of the forbearance period. The projected capitalized interest during the forbearance period is \$ _____. I will resume monthly payments of _____ per month (17aQ4.6 (r.6 (oa)-(5(. 119a)-(f).002 of T1oTJ 0 0<Aa)S
