



SCHOOL OF NURSING

**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: _____			
NetID 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 <input type="checkbox"/> Prefer not to identify			
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 http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx .			
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? _____

Status: Part time Full time

Indicate courses you will take during the next three semesters:

Fall 2020 - Course Numbers & Credit Hours

Spring 2021 - Course Numbers & Credit Hours

Summer 2021 - Course Numbers & 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:

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 to:

E. Carol Polifroni, RN, EdD, CNE, NEA-BC, ANEF
 231 Glenbrook Road, Unit 4026
 Storrs, Connecticut 06269-4026
 Carol.polifroni@uconn.edu
 Telephone: (860) 486-0511

Funds are awarded on a first come, first serve basis.