

# UConn

## SCHOOL OF NURSING

### Nurse Faculty Loan Program Application, 2023-2024

Applicant Name: _____				
Last		First		MI
Current Address: _____				
Number & Street		City	State	Zip
E-Mail Address: _____		Date of Birth: _____		
Phone Number: _____		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NetID Student/Employee ID: _____				
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"/> Non-binary <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 <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; <input type="checkbox"/> Yes <input type="checkbox"/> No				
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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
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:

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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?

Status: Part time  Full time

Indicate courses you will take during the next three semesters:

Fall 2023 - Course Numbers & Credit Hours (MUST be provided)

Spring 2024 - Course Numbers & Credit Hours (MUST be provided)

Summer 2024 - Course Numbers & Credit Hours (MUST be provided)

## 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: [annette.jakubisin\\_konicki@uconn.edu](mailto:annette.jakubisin_konicki@uconn.edu)

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