



NURSE STUDENT LOAN APPLICATION

MUST BE TYPED OR PRINTED

APPLICANT INFORMATION

LAST, FIRST, MIDDLE NAME		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MAIDEN NAME OR OTHER NAMES USED			BIRTHDATE

NURSING DEGREE FOR WHICH YOU ARE CURRENTLY ATTENDING SCHOOL

PRACTICAL NURSE (PN) DIPLOMA NURSE (DN) ASSOCIATE DEGREE (ADN)
 BACHELOR DEGREE (BSN) MASTERS DEGREE (MSN) ADVANCED PRACTICE NURSE (APN)
 DOCTORAL (DNP)

ADDRESS WHILE IN SCHOOL

STREET		TELEPHONE NUMBER	CELL NUMBER
CITY	STATE	ZIP CODE	COUNTY
E-MAIL ADDRESS			

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)

STREET			
CITY	STATE	ZIP CODE	COUNTY
ALTERNATE E-MAIL ADDRESS			

ARE YOU A MISSOURI RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FOR HOW LONG? YEARS: MONTHS:
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REQUIREMENTS

You must include the following documentation for your application to be complete:

- Proof of Missouri residency (e.g., a copy of your current Missouri driver's license, a Missouri state-issued identification card, or a Missouri voter identification card).
- Include a copy of your current FAFSA Student Aid Report

CONFLICTING SERVICE OBLIGATION

- Applicants will not be selected if they have another existing/remaining service obligation as a health professional, or any other service obligation, to the Federal government (e.g., an active duty military obligation, an NHSC Scholarship Program obligation, a NURSE Corps Scholarship or Loan Repayment Program obligation).

APPLICANT SIGNATURE

I certify the information contained in this application is true, complete, and correct to the best of my knowledge. I understand the Department will not process incomplete applications. I agree to notify the Department if any information in this application changes.

APPLICANT SIGNATURE	DATE
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ENROLLMENT AND TUITION INFORMATION - This section must be completed by a financial aid officer of the educational institution.

NAME OF EDUCATIONAL INSTITUTION			
STREET			
CITY	STATE	ZIP CODE	COUNTY
FINANCIAL AID OFFICER NAME			TELEPHONE NUMBER
FINANCIAL AID OFFICER E-MAIL ADDRESS			FAX NUMBER
STUDENT'S CURRENT PROGRAM YEAR (I.E., FRESHMAN, SOPHOMORE, ETC.)			TOTAL PROGRAM COST FOR THIS ACADEMIC YEAR
START DATE OF THE ACADEMIC YEAR	END DATE OF THE ACADEMIC YEAR		ANTICIPATED GRADUATION DATE (REQUIRED)
ENROLLED			
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			

FINANCIAL AID OFFICER SIGNATURE

I certify that the information in the Enrollment and Tuition Information section is complete and true to the best of my knowledge.

FINANCIAL AID OFFICER SIGNATURE	DATE
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MAILING ADDRESS

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
OFFICE OF PRIMARY CARE & RURAL HEALTH
NURSE STUDENT LOAN PROGRAM
PO BOX 570
JEFFERSON CITY, MO 65102-0570