

A part of the original documents you signed when you applied for the NFLP loan obligate you to complete this Questionnaire and submit it to your school, at the conclusion of your masters-level coursework. Please use **BLACK INK** and **PRINT LEDGIBLY**. Thank you.

NFLP Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Permanent Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nearest Friend(s) or Relative(s) who will always know your address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Address of Employer (If known):

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

What are your future career plans?

\_\_\_\_\_  
\_\_\_\_\_

*Please continue & complete the 2<sup>nd</sup> page of this 2-paged questionnaire.*

1. Do you know the full amount of the loan?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you been informed of your rights and responsibilities?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you understand the grace period and know when the first payment is due?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you been informed of the repayment options, postponement and cancellation provisions of the Nurse Faculty Loan program?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you understand the accelerated payment option?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you understand that the collection officer must be informed of any change in his or her address?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you realize the importance of paying promptly or contacting the collection officer prior to the due date if payment cannot be made for any reason?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you understand the requirement to begin full-time employment as nurse faculty at a school of nursing to be eligible for postponement of loan?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you understand that you must be employed full-time as a nurse faculty member for a complete year to be eligible for loan cancellation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you understand the REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT form?  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. Do you understand the REQUEST FOR PARTIAL CANCELLATION form?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

STUDENT SIGNATURE

\_\_\_\_\_

TODAY'S DATE

Student PRINT NAME: \_\_\_\_\_

When completed, this ORIGINAL form (no FAX) must be delivered to the Financial Aid Office:  
**HSU Financial Aid Office, Sandefer 206, HSU Box 16050, Abilene, TX 79698**