UCONN
SCHOOL OF NURSING

Nurse Faculty Loan Program
Application, 2020-2021

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? ☐ Yes ☐ No

Driver's License #: _____ State: _____ State of Residence: _____

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Race: Please check one or more that apply.

☐ Asian (other) ☐ White/Caucasian ☐ Hawaiian/Pacific Islander

☐ American Indian or Native Alaskan ☐ Black or African-American

☐ Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)

Gender: ☐ Male ☐ Female ☐ Prefer not to identify

Citizenship status: ☐ U.S. Citizen since birth ☐ Non-Citizen, Permanent U.S. Resident Visa

                       ☐ Naturalized U.S. Citizen ☐ Non-Citizen, Temporary U.S. Visa

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Are you from a rural residential background? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Active duty military ☐ Reservist

☐ Veteran (prior service) ☐ Veteran (retired) ☐ Not a Veteran

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I ☐ am ☐ 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.