

Signature of Student:

College of Nursing Financial Aid Office

1 University of New Mexico, MSC09-5350, Albuquerque, NM 87131

Phone: 505-272-0854 Fax: 505-272-3970 Email: HSC-CON-FinancialAid@salud.unm.edu

Application for HRSA Nursing Student Loan (NSL) Program

This program is available to students who have exceptional financial need. The Health Professions Programs, Nursing Student Loan Program is administered by the Department of Health Resources and Services Administration (HRSA). For more information please visit the website: www.hrsa.gov.

Last Name:	First Name:_		MI:
Student ID:	Email Address:	Phone #:	
	City:		
Program of Study:	Graduation Date:	Amount Reque	ested:
To be eligible for the Health P	rofessions Program you must:		
Commonwealth of Puer Trust Territory of the Pa Federated State of Micro Complete Free Applicat taxes if available Demonstrate financial not full-time or half-time en	ion for Federal Student Aid (FAFSA) eed irollment is required	Virgin Islands, Guam, Ar the Republic of the Mars - use the IRS Data Retri	merican Samoa, the shall Islands, and the
•	meet Satisfactory Academic Progre d defaults or overpayments owed to	• •	ne and grants
Not have any unresolved	d defaults of overpayments owed to	Title iv educationalioa	iis aliu graiits
Terms and Conditions:			
 enrollment below half-tir Repayment Info No interest accumulates For economic hardship, You may be allowed up 	n fees or guarantee fees. and interest begins 9 months after g	.uasconnect.com/auth/le e or during a 9-month go ed, or reduced. (Must co	ogin race period.
	imum award eligibility is \$5,460 annually. L regate maximum NSL that any nursing stu		
Loan Amount Requested by Stud	ent:		
Semester(s) & Year(s) of Award (can be split between FA/SP/SU):		_

Date: _____