Trinity College of Nursing
& Health Sciences
UnityPoint Health

Application for NSL and ADL

For Nursing Student Loans and Anderson/Dahlgren Loans. **WARNING***: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 U.S.C. 1079.*

Section I: Borrower Information

Last Name | First Name | MI | Date of Birth (MM/DD/YYYY) | Social Security Number

Current Address | City | State | Zip

Permanent Address | City | State | Zip

Primary Phone Number (include area code) | Secondary Phone Number (include area code) | Email Address

Driver's License Number | State | Loan Period (MM/YYYY - MM/YYYY) | ☐ I have an existing NSL or ADL balance (check if yes)

Loan Assistance Requested

I wish to apply for the following types of loans in the order presented to the extent that I am eligible.

a. ____ Nursing Student Loan (interest rate = 5%) b. ____ Anderson/Dahlgren Loan (interest rate = 8%)

I request a total amount of [ ].

My school will certify my eligibility for each program for which I am applying.
The amount and other details of my loan(s) will be described to me in a Disclosure Statement.

Section II: References

You must provide two separate references with different addresses. Both references must be completed fully.

1. Full Name | Relationship | Primary Phone Number (include area code)

Current Address | City | State | Zip

2. Full Name | Relationship | Primary Phone Number (include area code)

Current Address | City | State | Zip

Section III: Authorization

I promise to pay the Lender, all sums disbursed (hereafter "loan" or "loans") under the terms of this Note, plus interest and other fees which may become due as provided in this Note. If I fail to make payments on this Note when due I will also pay reasonable collection costs, including attorney's fees court costs and collection fees. I understand I may cancel or reduce the size of any loan by refusing to accept any disbursement that is issued. I understand that this is a promissory Note. I will not sign this Note before reading it, including the writing on the attached sheet, even it otherwise advised. My signature certifies I have read and agree to the terms and conditions, including the Borrower's Certification, printed on the attached sheet of this application and promissory Note.

THIS IS A LOAN(S) THAT MUST BE REPAID

Signature | Date

Section IV: Certification - To be completed by school official only.

Loan Period (MM/YYYY – MM/YYYY) | Grade Level

Signature of Authorized School Official

Date

Cost of attendance	Certified loan amount(s)	Recommended disbursement date(s) MM/DD/YYYY
EFC	a. $	
Estimated financial aid	b. $	