CARLOW
UNIVERSITY

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Carlow University Nursing Faculty Loan Forgiveness Program Loan Application

Application deadline: December 22nd, 2026

Name: _____ Carlow Student ID: _____

Address: _____

Phone Number: _____ Date: _____

Email Address_____

Application Criteria:

1. Complete a FAFSA financial aid form.
2. Intend to seek employment as nursing educator in a diploma, associate's BSN, MSN DNP or PhD program, or nurse residents in either a lecture or clinical role (academic or clinical educator in either a full time or part-time capacity equivalent to full-time requirements of 24 credits per academic year).
3. Provide verification of employment of academic role within one year of graduation.
4. Maintain employment and continue to submit verification as required for four years of post-graduation (in the same or equivalent position).

Place initials in the right column indicating your agreement and understanding	
I am a U.S. citizen or national or lawful permanent resident of the U.S.	
I am enrolled as a student in good academic standing in an advanced nurse education program with a cumulative QPA of 3.0 or higher. Current GPA: _____	
I have maintained good academic standing while enrolled in the advanced nurse education program.	
I have no judgment of liens entered against the borrower based on the default on a federal debt.	
I will provide a 200–300-word essay describing career goals related to nursing education including possible current employment opportunities available to you at this time. Submit to Dr. Molly Sinclair with this application.	

Program/Degree Sought (program in which you are enrolled):

_____

How many years have you received NFLP funding (not including this year)?

_____

Academic year in the program (How many years have you been enrolled in your current program?)

_____

Circle full-time or part-time student status:

Full-time

Part-time

Circle whether you intend to become faculty upon graduation, either in a full-time capacity or a combination of part-time positions:

Yes

No

By signing this statement, I confirm that:

- I have read and understand the educational requirements to qualify for the loan funding and for loan forgiveness
- I confirm that all the information provided on this application is true and accurate
- I agree to notify the Financial Aid Office if any information changes
- I will confirm or update my email address and phone number annually with Student Accounts until loan repayment is fulfilled

Signature of Applicant

_____ *Date* _____

Submit application to:
Margaret Smith DNP MSN RN CRNP FNP-BC
Chair Graduate Nursing
Program Director Family Nurse Practitioner
mssmith@carlow.edu