



Nursing Student Loan Application 2019-2020

Please Complete Forms and Return using instructions below

Name: _____
Last First Middle

Address: _____
Street, Route and/or Box Number

City State Zip Code

Student ID: _____ Social Security Number: _____

Telephone: _____ Date of Birth: _____

Year in College for 2019-2020: (Circle One) First Year Sophomore Junior Senior

Student Type for 2019-2020: (Circle One) Continuing Student New or Transfer Student

Are you in default on repayment of any Federal Education Loan? (Circle One) Yes No

Are you a citizen of the United States? (Circle One) Yes No

If not, are you a permanent resident of the United States? (Circle One) Yes No

Have you received a previous Nursing Student Loan at another school? (Circle One) Yes No

If "Yes", Please fill out the following information: Loan Amount: _____

College Name: _____ Address: _____

Years of Attendance: _____ Degree or Diploma: _____

I hereby apply for a Nursing Student Loan (NSL) under the terms of the Nurses Training Act of 1964 (P.L. 88-581). I am requesting this loan to assist in the payment of my educational expenditures during the 2019-2020 academic year. This application is to review my current student account for eligibility, I certify I will complete requested requirements, after receiving email instructions and communications from ECSI, the servicer @ <https://borrower.ecsi.net/>. I certify I will read and will understand the Nursing Loan Solicitation Disclosure, and to the best of my knowledge, the information provided on this form is true and correct.

Student Signature: _____ Date: _____

For submission of the Nursing Student Loan application to Messiah College, please use our secure file upload for the financial aid office @ [https://www.messiah.edu/homepage/3274/secure file upload instructions](https://www.messiah.edu/homepage/3274/secure_file_upload_instructions). Instructions on how to use the system and how to access the actual secured system area, you may use the following link @ https://apexapps.messiah.edu/apex/f?p=410:2:::P2_RL:4 .

FOR OFFICE USE ONLY:

TRACKING GROUP: _____ ROAHOLD: _____ RNAOV**: _____ NEED: _____ YIC: _____ AMT Awarded: _____