

EXHIBIT C

(To be completed by the Borrower)

This form must be completed in its entirety and returned to the office of the Director before a NFLP loan is made.

WARNING: Any person who knowingly makes a false statement or misrepresentation in a NFLP transaction, bribes or attempts to bribe a federal official, fraudulently obtains a NFLP loan or commits any other illegal action in connection with a Federal NFLP loan is subject to a fine or imprisonment under Federal statute.

SECTION I

1a. APPLICANT NAME

(Last)

(First)

(M.I.)

2. SOCIAL SECURITY NUMBER (SSN)

1b. OTHER NAMES USED

(Last)

(First)

(M.I.)

3. DATE OF BIRTH (Month/Day/Year)

5b. EVENING PHONE (Area Code/Number)

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6. EMAIL ADDRESS

7. DRIVER'S LICENSE NUMBER AND STATE

EXPECTED GRADUATION DATE: _____

MASTER'S

DOCTORAL

▪ NAME _____

ADDRESS: _____

▪ NAME _____

ADDRESS: _____

SECTION II

ACKNOWLEDGEMENT

I, _____, Program in order to be eligible to receive a loan under this program.

THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.

Printed Name _____

Signature _____

Date _____