

NURSING EDUCATION LOAN AGREEMENT (NELA) APPLICATION

Name

date

Address

birth date

County of residence

Occupation before entering St Joseph's

Fall Semester GPA

Place of employment

Please complete the following. You may use the back of this form or attach additional paper if necessary. To be considered for a Nursing Education Loan, all financial aid paperwork and this application must be returned to the Financial Aid Office no later than **August 1st**.

1. Indicate 3 reasons why you deserve to be awarded a Nursing Education Loan with St. Joseph's Hospital Health Center.

2. If you do not receive a Nursing Education Loan how do you intend to pay your tuition?

I understand that if I receive a Nursing Education Loan with St. Joseph's Hospital Health Center that it is not a guarantee of employment.

Signature

date

NOTICE OF NON-DISCRIMINATION POLICY

The St. Joseph's College of Nursing at St. Joseph's Hospital Health Center admits students of any race. Color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the college of Nursing. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarships and loan programs and other school-administered programs.

The Director of Financial Aid and the Dean of the College of Nursing will make the final decision.

8/23/2006
Rv. 2/15/2010