

NFLP Program Specific Data Forms

Fields marked with an asterisk (*) are required

PART 1: Program Information

A. Applicant and Program Information

- * Current Fiscal Year:
- (Select the fiscal year date that is provided in the current NFLP Funding Opportunity Announcement cover page)
- * Previous NFLP Recipient? Yes No
- (Select 'YES' if your school has ever received past NFLP funding. Select 'NO' if your school has never received NFLP funding.)
- * Select Type of Institution: Public Private
- * Select Type of Entity: School/College of Nursing
 Other Entity/Department within the Institution that offers a Graduate Nursing Degree Program
- * Provide Educator Components/Courses Offered:

* Course Title

* Required or Elective?

 Required Elective

* Distance/Web-based Learning Component?

 Yes No

* Number of Credits

B. Accreditation

* Select the applicable accreditation for the graduate nursing program(s) offered and provide the required documentation:

Selection	Accrediting Agency	Expiration Date
<input type="checkbox"/>		<input type="text"/>

PART 2: Fund Information

C. Federal Funds Requested

(Applicants should determine the Federal amount requested by calculating the tuition and other educational fees for the academic year multiplied by the number of continuing NFLP students and projected new NFLP students expected to receive NFLP loan support. Applicants must consider the required 1/9 institutional contribution in case the full Federal amount requested is awarded. Enter numbers only. Special characters not allowed (i.e., commas, symbols, decimals))

* Indicate the total Federal Capital Contribution (FCC) Amount Requested \$.00

D. NFLP Loan Fund Balance/Unused Accumulation

\$.00

PART 3: Enrollee and Graduate Information

Type of Institution	* Master's		* Post-BSN - PhD/DNSc		* Post-BSN - DNP		* Post-Master's - PhD/DNSc		* Post-Master's - DNP	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Public - Instate										
Public - Outstate										
Private										
TOTALS:										

Type of Institution	* Master's		* Post-BSN - PhD/DNSc		* Post-BSN - DNP		* Post-Master's - PhD/DNSc		* Post-Master's - DNP	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Public - Instate										
Public - Outstate										
Private										
TOTALS:										

(Enter the number of NFLP graduates and the graduates employed as nurse faculty from the previous academic year)

Graduate Data	Total Number of NFLP Graduates		Total Number of NFLP Graduates Employed as Nurse Faculty	
	* Master's	* Doctoral	* Master's	* Doctoral
TOTALS:				

(Enter the total number of continuing and projected new NFLP enrollees by practice. The totals should reconcile with the totals under E.1 - Continuing enrollees and E.2 - Projected new enrollees.)

Nurse Practice Role		
	* Master's	* Doctoral

TOTALS:		
Sum of Master's and Doctoral:		

PART 4: Tuition Information

F. Tuition, Terms and Credit Hours

(Provide the required tuition information in this section for each distinct graduate nursing degree program that will support NFLP enrollees to prepare as nurse faculty. NOTE: If you are a PRIVATE institution, enter tuition data under In-State only.)

* Program Degree Level

* Type of Term

* # of Terms/Quarters Per Year

* Minimum Credit Hours Required for Full-time Status

*** Tuition**

(Enter numbers only. Special characters not allowed i.e., commas, symbols, decimals)

Tuition	In-State		Out-of-State (Not applicable for private institution)	
	FT (Enter total amount for one term with fees and expenses.)	PT (Enter total amount for one single credit hour with fees and expenses.)	FT (Enter total amount for one term with fees and expenses.)	PT (Enter total amount for one single credit hour with fees and expenses.)
Tuition Costs				