10. I understand that if I fail to repay my loan as agreed in the NFLP Promissory Note, the total loan may become due and payable immediately and legal action could be taken against me.

11. I understand that I must promptly answer any communication from the lending school regarding my NFLP loan.

12. I authorize the lending school to contact any school of nursing in which I may be employed, to obtain information concerning my employment status, my period of employment or termination, my transfer to another school of nursing, or my current address.

13. I authorize the lending school to report any delinquency or default on this loan to credit bureaus.

ANNUAL PERCENTAGE RATE	AMOUNT of LOAN	PREPAYMENT
The annual percentage rate on the NFLP loan: 3% or the Prevailing Market Rate – As determined by the borrower status.	The amount of NFLP loan(s) made to you. $ _____	If you pay off early, you will not have to pay a penalty. See the Promissory Note for any additional information about nonpayment, default, and any required repayment in full before the schedule date.

I understand I have a right to request an itemization of the loan amount(s) awarded. I do ___/do not ____ request an itemization.

I have received a copy of this statement.

_____ _____ _____

(Signature of Student) (Student I.D. Number) (Date)