



2020-2021 Nursing Student Loan (NSL) Request

Student Name _____

USC ID or VIP ID _____

The US Department of Health and Human Services offers a need-based, subsidized loan to nursing students with a fixed five percent interest rate through the Nursing Student Loan Program. The Nursing Student Loan Program is available to both undergraduate and graduate-nursing students in degree seeking programs at the University of South Carolina Columbia campus. This loan program has a grace period of nine months after a student leaves school or graduates before interest accrues and repayment begins. The student is required to complete a 2020-2021 Free Application for Federal Student Aid (FAFSA) to determine possible eligibility.

The US Department of Health and Human Services requires that a school verify the student's information including parent(s)/stepparent(s) information if the student is a dependent student or spousal information if the student is married. To certify your eligibility for this loan, you may submit a copy of your and your parents' and/or stepparent's 2018 Federal Tax Transcript **if** you were not selected for the verification process or we can accept the information completed through the IRS Data Retrieval Tool on the 2020-2021 Free Application for Federal Student Aid (FAFSA).

If you are a dependent student and your parents/stepparents were not required to file federal tax returns for 2018, they will need to submit an IRS Verification of Non-Filing Letter and all W-2 forms. If you are an independent student and you and/or your spouse were not required to file federal tax returns for 2018, you and/or the applicable person will need to submit an IRS Verification of Non-Filing Letter and all W-2 forms. Tax transcripts and non-filing tax letters should be requested from IRS.Gov website.

What type of student will you be for 2020-2021? Undergraduate Graduate

Have you ever received the Nursing Student Loan at another institution? Yes No

When is your expected date of graduation? _____

By signing below, I certify that I understand the information requirements and in signing this form, am requesting that my eligibility for this program be evaluated. I also understand that if I change majors or programs, I may lose eligibility for the Nursing Student Loan and that it is my responsibility to notify the Office of Student Financial Aid and Scholarships of the change. Finally, I understand that funds are limited and that completion of this form, in no way, guarantees that the Nursing Student loan will be awarded.

Student: _____ Date: _____
 (Handwritten signature required)

Please return this application to the address at the top of this form. If you have any questions regarding this information, please contact Holly L. Gilliam at (803)777-0542 or Leehr2@mailbox.sc.edu.

For office use only
 Division _____ Fund code _____ Amount \$ _____

Denial reason _____