



OFFICE of SCHOLARSHIPS and STUDENT AID
 THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL
 111 Pettigrew Hall, CB #2300
 P.O. Box 1080
 Chapel Hill North Carolina 27514-1080
 T (919) 962-8396 aidinfo@unc.edu
 F (919) 962-2716 studentaid.unc.edu

Student's Last Name: _____
 First & Middle Names: _____
 Student's
 UNC-CH Personal ID#:

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 Please give the email address that the student reads regularly:
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**STATEMENT OF INTEREST IN THE
 NURSE EDUCATION SCHOLARSHIP LOAN PROGRAM (NESLP)
 FOR ENROLLMENT AT UNC-CHAPEL HILL**

CERTIFICATION:

- I am familiar with the requirements of the NESLP and wish to be considered for assistance from that program.
- I have made application for need-based aid at UNC-Chapel Hill by completing the Free Application for Federal Student Aid (FAFSA) and understand that the deadline for priority consideration is March 1.
- I understand that the NESLP awards will not be made until after fall semester has opened and that any financial aid I have been awarded prior to that time may have to be adjusted to account for the additional resources I receive from the NESLP.

LOCAL ADDRESS _____
Street/PO Box

City **State** **Zip**

TELEPHONE (_____) _____

Signature _____
Date

This completed form should be returned to:

**TORIE DAVIS, SCHOLARSHIPS COUNSELOR
 OFFICE OF SCHOLARSHIPS AND STUDENT AID
 111 PETTIGREW HALL CB2300
 PO BOX 1080
 CHAPEL HILL, NC 27514-1080**