

To be completed by the Borrower: This form m

**NURSE FACULTY LOAN PROGRAM (NFLP)
PROMISSORY NOTE**

I, _____ (Borrower Name) (hereinafter "the Borrower"), promise to pay to Mount St. Joseph University (hereinafter "the school") located at 5701 Delhi Road, Cincinnati, Ohio 45233, the sum of such loan amount(s) as may be advanced to me and endorsed in the Schedule of Advances below, with interest at the rate of three (3) percent per annum or the prevailing market rate, together with all attorney's fees, collection agent costs, and other related costs and charges fo

3. **Grace Period:** The grace period begins immediately following completion of the program or voluntary termination as a student for a period of nine (9) con

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