



**FINANCIAL AID &  
SCHOLARSHIPS OFFICE**

University of Missouri-Kansas City

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## 2017-2018 Health Professional Loans Application (HPL)

### **\*Priority Deadline: April 15, 2017\***

Before completing this form, please be sure that you have completed the following steps:

1. Filed the 2017-2018 [FAFSA](#) using the **IRS Data Retrieval Tool**.
2. Included your parent information on the FAFSA (regardless of your dependency status).
3. Listed the University of Missouri-Kansas City school code **002518** on the FAFSA.

All schools participating in the Health Professional Loan (HPL), Loans for Disadvantaged Students (LDS), or Primary Care Loan (PCL) programs must collect parent(s') financial information, even if the student is considered independent for other financial aid programs. Title VII regulations require the verification of student and parent information. The UMKC Financial Aid and Scholarships Office will correct your information electronically if required.

Although these loans are administered under the Department of Education, they are considered institutional loans and have different terms than Direct Stafford Loans. In addition to the requirement of parent information, HPL Loans are subsidized at a 5% fixed interest rate while the student is enrolled at least half-time and have a 12 month grace period prior to repayment.

To be considered for any of these loan programs, please submit the following application to the University of Missouri – Kansas City (UMKC) Financial Aid and Scholarships Office. UMKC will take the information submitted with this form and compare it to the data submitted on your FAFSA. Please note that all steps need to be completed before processing of your application can continue.

*The law states that we have the right to ask you for this information before awarding/disbursing health professional loans.*

### **STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

UMKC EMAIL ADDRESS: \_\_\_\_\_

### **PROGRAM INFORMATION**

What HPL Program(s) are you interested in applying for? (Check all that apply)

<u>Dentistry (DDS)</u>	<u>Medicine (BA/MD)</u>	<u>Pharmacy (PharmD)</u>
<input type="checkbox"/> Health Professional Loan	<input type="checkbox"/> Primary Care Loan	<input type="checkbox"/> Health Professional Loan
<input type="checkbox"/> Loans for Disadvantaged Students	<input type="checkbox"/> Loans for Disadvantaged Students	<input type="checkbox"/> Loans for Disadvantaged Students

## HOUSEHOLD INFORMATION

Complete the chart below, including yourself and your legal parent(s)/stepparent (biological, adoptive, or as determined by the state) even if you don't live with your parent(s).

Include other people who now live with your parent(s) if the parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

Write the name of the college for any household member who will be attending college at least half-time between July 1, 2017 and June 30, 2018 and will be enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship	College
		Student	UMKC
		Parent 1	XXXXXXXXXX
		Parent 2	XXXXXXXXXX

## TAX FORMS AND INCOME INFORMATION

### A. Tax Filers

#### 1. Student Tax Information:

- Check here if you have already submitted your FAFSA using the IRS Data Retrieval Tool  
*If you will not file and are not required to file taxes, please see section B below.*

#### 2. Parent Tax Information:

- Check here if you have already submitted your FAFSA using the IRS Data Retrieval Tool  
*If you will not file and are not required to file taxes, please see section B below.*

### B. Non-Tax-Filers

Check the box for those individuals who did not/were not required to file a 2015 federal income tax return. **Individuals must submit a 4506-T request to the IRS and then submit verification of non-filing status to our office. The form can be found at: <https://www.irs.gov/pub/irs-pdf/f4506t.pdf>.**

- You  Parent 1  Parent 2

## SIGN AND DATE

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. **At least one parent must sign.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date