FINANCIAL AID & SCHOLARSHIPS OFFICE

2024 – 2025 HEALTH PROFESSIONAL LOAN INFO SHEET

*PRIORITY DEADLINE: MAY 15, 2024*

STUDENT INFORMATION

Student Name: ___________________________________________ Student ID: ___________________________________________

Email: ___________________________________________ Phone Number: ___________________________________________

Current Address: ___________________________________________

Academic Program:    ☐ Dentistry (DDS)    ☐ Pharmacy (Pharm D)    ☐ Medicine (BA/MD)

Loan(s) Requested:    ☐ Health Professions Student Loan (DDS and PharmD)    ☐ Loans for Disadvantaged Students (DDS, PharmD, and BA/MD)    ☐ Primary Care Loan (BA/MD)

TERMS FOR ALL HEALTH PROFESSIONAL LOAN PROGRAMS

All three types of Health Professional Loans are awarded to students that are enrolled full-time in an eligible health professions academic program. Students must be a U.S. citizen or lawful permanent resident, must maintain good academic standing and must demonstrate financial need in accordance with the FAFSA. These loans have a 5% fixed interest rate, with no interest accruing during school. Repayment begins 12 months following termination of at least half-time enrollment. Students must complete a promissory note each year prior to funds disbursing. Award amount varies per year based on funding. Students will be notified in July 2024 if they’ve been awarded a Health Professions Loan. Deferment is available upon request during residency.

*Loans for Disadvantaged Students (LDS):* In addition to the terms above, students requesting LDS funding must demonstrate high financial need and identify as coming from a disadvantaged background.

*Primary Care Loan (PCL):* In addition to the terms mentioned above, students requesting PCL funding must be intending to practice in primary health care. Refer to the Primary Care Info Sheet for more information.
STUDENT HOUSEHOLD INFORMATION

- Complete the chart below, including yourself, your spouse (if married), and your children if you will provide more than half of their support from July 1, 2024 through June 30, 2025.
- List any other people who now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

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If you need additional space, attach a separate page.

PARENT HOUSEHOLD INFORMATION

Please complete the chart below. Include:

- Your parents (biological, adoptive, or as determined by the state) – include your stepparent if the parent you live with is remarried.
- Your parents’ other children (even if they do not live with your parents) if your parents will provide more than half of their support between July 1, 2024 and June 30, 2025, or they would be required to provide parental information when applying for Federal Student Aid.
- Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2024 and June 30, 2025.

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If you need additional space, attach a separate page.

Did the parent(s) file a 2022 IRS Form 1040 or a 1040-NR? □ Yes □ No
Did the parent file a 2022 joint tax return with the current spouse? □ Yes □ No (please include combined amounts moving forward)
Parent 1 total amount earned in 2022 $__________  Parent 2 total amount earned in 2022 $__________
Combined parents AGI $__________  Combined parent taxes paid $__________
IRA or Pension rollover into another IRA or qualified plan $__________

SIGN AND DATE THIS FORM

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. Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten. If a parent is not able to sign the form, a tax return transcript will be required in its replacement. They can request one at Get Transcript | Internal Revenue Service (irs.gov)

Student

Date

Parent

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
PRIM An update to the Health Professional Loan Program. Funds are awarded to medical
students intending to practice in Primary Care. This loan has all of the same terms and requirements as the Health
Professions Student Loan (see Health Professional Loan Info Sheet). In addition, Primary Care Loan recipients must
also complete the service obligation as stated below.

TERMS FOR PRIMARY CARE LOAN (PCL)
A borrower, who accepts Primary Care Loan funds, agrees to:

- enter and complete a residency training program in primary health care
- practice in primary health care for 10 years (including the years spent in residency training) or through the date on
  which the loan(s) is repaid in full, whichever occurs first; and
- certify to the school on an annual basis that you are practicing primary health care.

*The interest rate for a Primary Care Loan is 5%. However, PCL borrowers who fail to comply with the service
requirements of the program will have their interest rate retroactively increased to 7%. The balance due on the loan(s)
involved will be immediately recomputed from the date of issuance at the higher interest rate, compounded annually.

Primary health care is defined as family medicine, general internal medicine, general pediatrics, preventive medicine, or
osteopathic general practice.

Approved 3-Year Residencies:

- Family Medicine
- Internal Medicine
- Pediatrics
- Combined Medicine/Pediatrics
- Preventative Medicine
- General Practice

Acceptable Practice Activities:

- Primary Care Clinical Practice
- Clinical Preventive Medicine
- Occupational Medicine
- Public Health
- Senior/Chief Resident in Primary Care residency program
- Faculty, Administrators, or Policy Makers certified in one of the primary health care disciplines
- Geriatrics
- Adolescent Medicine/Pediatrics
- Urgent Care
- Sports Medicine
- Training for Primary Care Faculty Career
- Training for Public Policy Career
- Master’s in Public Health
- Public Policy Fellowship
- Faculty Development Training
- Primary Care Fellowship
- Hospitalist

Unacceptable Residency/Practice Activities include cardiology, gastroenterology, obstetrics/gynecology, surgery,
dermatology, radiology, rehabilitation medicine, physical medicine, emergency medicine, and any other subspecialty
training or certification.

By signing below, I certify that I have read the terms of the Primary Care Loan and understand the obligations of
a service requirement following graduation from my academic program. Submit this page with application form.
Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten.

__________________________________________________________
STUDENT SIGNATURE

__________________________________________________________
DATE