



# FINANCIAL AID & SCHOLARSHIPS OFFICE

## 2026 – 2027 HEALTH PROFESSIONAL LOAN APPLICATION

**\*\*\* DEADLINE: APRIL 30<sup>TH</sup> 2026 at 11:59 PM \*\*\* NO EXCEPTIONS WILL BE MADE \*\*\***

### STUDENT APPLICATION FOR DENTAL (DDS) STUDENTS

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Loan(s) Requested:     Health Professions Student Loan                       Loans for Disadvantaged Students

Please be sure you have completed the following steps to be considered, all 3 are required:

- Filed the 2026-2027 FAFSA and have University of Missouri-Kansas City listed
- Handwritten signature from student on this form
- Handwritten signature from parent on this form
- OR-**
- Include parents tax return transcripts [Get Transcript | Internal Revenue Service \(irs.gov\)](#)

**Title VII regulations require the verification of student and parent information, even if the student is considered independent for other financial aid programs.** Although these loans are administered under the Department of Education, they are considered institutional loans and have different terms than Federal Direct Student Loans.

### 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 **June 2026** 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.

How would these loans help you achieve your goals and finish your degree?

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## 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, 2026 through June 30, 2027.
- 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, 2026 through June 30, 2027.

**\*\*STUDENTS – INCLUDE YOURSELF \*\***

Full Name	Age	Relationship
		<b>Student (self)</b>

If you need additional space, attach a separate page.

## PARENT HOUSEHOLD INFORMATION

Please complete the chart below by listing:

- 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) along with other peoples that your parents **will provide more than half of their support** between July 1, 2026 and June 30, 2027, or they would be required to provide parental information when applying for Federal Student Aid.

**\*\*STUDENTS – DO NOT INCLUDE YOURSELF \*\***

Full Name	Age	Relationship
		<b>Parent 1</b>
		<b>Parent 2</b>

If you need additional space, attach a separate page.

Did the parent(s) file a **2024** IRS Tax Return Form 1040 or a 1040-NR?  Yes  No

Did the parent file a 2024 joint tax return with the current spouse?  Yes  No *(please include combined amounts moving forward)*

Income earned in 2024 *(lines 1-9)* Parent 1 total \$ \_\_\_\_\_ Parent 2 total \$ \_\_\_\_\_

Combined parents AGI *(line 11)* \$ \_\_\_\_\_ Combined parent taxes paid *(line 24)* \$ \_\_\_\_\_

IRA or Pension rollover into another IRA or qualified plan *(line 4a and 5a only)* \$ \_\_\_\_\_

## 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 \(irs.gov\)](https://www.irs.gov/individuals/get-transcript)

\_\_\_\_\_  
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.