



FINANCIAL AID & SCHOLARSHIPS OFFICE

2026 – 2027 HEALTH PROFESSIONAL LOAN APPLICATION

***** DEADLINE: APRIL 30TH 2026 at 11:59 PM *** NO EXCEPTIONS WILL BE MADE *****

STUDENT APPLICATION FOR MEDICINE (BA/MD OR MD) STUDENTS

Student Name: _____ Student ID: _____

Email: _____ Phone Number: _____

Loan(s) Requested: Primary Care Loan (complete page 3) 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.

***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 (page 3) for more information.*

***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?

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
		Student (self)

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
		Parent 1
		Parent 2

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.

PRIMARY CARE LOAN ADDITIONAL INFO (FOR MEDICINE STUDENTS ONLY)

The Primary Care Loan is an extension of the Health Professions 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