

FINANCIAL AID & SCHOLARSHIPS OFFICE

2023 – 2024 HEALTH PROFESSIONAL LOAN INFO SHEET

PRIORITY DEADLINE: APRIL 16, 2023

STUDENT INFORMATION

Student Name:		Student ID:	Student ID:		
		Phone Number:			
Current Address:					
Academic Program:	Dentistry (DDS)	Pharmacy (Pharm D)	☐ Medicine (BA/MD)		
Loan(s) Requested:	☐ Health Professions Stu	dent Loan (DDS and PharmD)			
	☐ Loans for Disadvantage	ed Students (DDS, PharmD, and BA/N	MD)		
	☐ Primary Care Loan (BA	/MD)			
Before completing the He	alth Professions Loan Form	, please be sure you have completed	the following steps:		
☐ Filed the 2023-20)24 FAFSA <u>using</u> the IRS D	ata Retrieval Tool			
☐ Included your par	ent information on the FAFS	SA (regardless of your age/dependend	cy status)		
Listed the Univers	sity of Missouri-Kansas City	school code 002518 on the FAFSA			
There are three loans UMKC offers to health professional students: Health Professions Student Loan (HPSL), Loans for Disadvantaged Students (LDS), and Primary Care Loan (PCL). 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 2023 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.

Phone: 816-235-1154

UMKC is an equal opportunity/affirmative action institution

E-Mail: finaid@umkc.edu

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**

Preventative Medicine

Combined Medicine/Pediatrics

- **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.

•	signing below, I certify that I have read the terms of the Primary Care rvice requirement following graduation from my academic program.			f
ST	UDENT SIGNATURE	_	DATE	

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HOUSEHOLD INFORMATION

Please complete the chart below. Include:

- yourself, even if you don't live with your parents
- anyone living in your household, including children, dependents, and spouse
- your parents (biological, adoptive, or as determined by the state) include your step-parent 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, 2023 and June 30, 2024, 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, 2023 and June 30, 2024.

Write the name of the college for any household member who will be attending college at least half-time between July 1, 2023 and June 30, 2024 and will be enrolled in a degree, diploma, or certificate program.

If you need additional space, attach a separate page.

Full Name	Age	Relationship	College
		Student	UMKC
		Parent 1	Not Applicable
		Parent 2	Not Applicable

TAX INFORMATION

HPL applicants who filed a 2021 Federal Income Tax Return are required to utilize the IRS Data Retrieval tool on the FAFSA. If you did not use the IRS Data Retrieval Tool (DRT) when initially completing the FAFSA, return to <u>FAFSA.gov</u>, log in, click "Make a Correction", and utilize the IRS DRT to now link tax information, then resubmit. If you cannot use the IRS Data Retrieval Tool for any reason, you will need to provide a signed copy of your 2021 Tax Return or a 2021 Tax Return Transcript. You can print or request a copy of your 2021 Tax Transcript from the Internal Revenue Service online at www.irs.gov.

Student: Check here if you have already submitted your FAFSA using the IRS Data Retrieval Tool (require	ed)
Parent: Check here if you have already submitted your FAFSA using the IRS Data Retrieval Tool (required	(k

For those that *did not and were not required to* file a 2021 Federal Income Tax Return, you must submit a **Form 4506-T** to the IRS with Option 7 "Verification of Nonfiling" check marked. Once the Form 4506-T is processed, the IRS will mail you a Verification of Nonfiling Letter that needs to be submitted along with this form to the Financial Aid and Scholarships Office. The Form 4506-T can be found at: https://www.irs.gov/pub/irs-pdf/f4506t.pdf.

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.

Student	Date	WARNING: If you purposely give false or misleading information on this worksheet, you	
Parent	Date	may be fined, be sentenced to jail, or both.	