



FINANCIAL AID AND SCHOLARSHIPS OFFICE

HEALTH PROFESSIONAL LOAN INFO SHEET

PRIORITY DEADLINE: APRIL 15, 2019

Before completing the Health Professions Loan Form, please be sure you have completed the following steps:

1. Filed the 2019-2020 [FAFSA](#) using the **IRS Data Retrieval Tool**.
2. Included your parent information on the FAFSA (regardless of your age/dependency status).
3. Listed the University 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 2019 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.*

HOUSEHOLD INFORMATION

Complete the chart, 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, 2018 through June 30, 2019.

Write the name of the college for any household member who will be attending college at least half-time between July 1, 2018 and June 30, 2019 and will be enrolled in a degree, diploma, or certificate program.

TAX INFORMATION

For those that did not file a 2017 Federal Tax Return, *you must submit a 4506-T (option 7) 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>. Students can have the form submitted directly to our office via line 5.

If you did not use the IRS Data Retrieval Tool (DRT) when initially completing the FAFSA, return to fafsa.gov, log in, click "Make a Correction", and utilize the IRS DRT to now link your tax information, then resubmit. If you cannot use the IRS Data Retrieval Tool for any reason, you will need to provide a Tax Return Transcript. You can print or request a copy of your 2017 Tax Transcript from the Internal Revenue Service online at www.irs.gov.

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Health Sciences Building 1418
2464 Charlotte St.
Kansas City, MO 64108-2718

Phone: 816-235-6783
Toll Free: 1-800-775-UMKC
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Those with speech or hearing impairments may use Relay Missouri 1-800-735-2966 (TT) or 1-800-735-2466 (Voice)
an equal opportunity/affirmative action institution



**FINANCIAL AID AND SCHOLARSHIPS OFFICE
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.

*PCL borrowers who fail to comply with the service requirements of the program will have their loans begin to accrue interest at an annual rate of 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:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Family Medicine • Internal Medicine • Pediatrics | <ul style="list-style-type: none"> • Combined Medicine/Pediatrics • Preventative Medicine • General Practice |
|--|---|

Acceptable Practice Activities:

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Adolescent Medicine/Pediatrics • Urgent Care • Sports Medicine • Training for Primary Care Faculty Career • Training for Public Policy Career • Masters 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.

Student

Date

Hospital Hill Campus
Health Sciences Building 1418
2464 Charlotte St.
Kansas City, MO 64108-2718

Phone: 816-235-6783
Toll Free: 1-800-775-UMKC
Fax: 816-235-6784
E-Mail: finaidhospitalhill@umkc.edu

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FINANCIAL AID AND SCHOLARSHIPS OFFICE 2019-2020 HEALTH PROFESSIONAL LOAN FORM

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Email: _____ Phone Number: _____

Academic Program: Dentistry (DDS) Pharmacy (PharmD) Medicine (BA/MD)

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

HOUSEHOLD INFORMATION

Please refer to the Health Professional Loan Info Sheet for instructions. Use a separate sheet if needed.

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

TAX INFORMATION

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

If you and/or your parent(s) will not file and are not required to file a 2017 Federal Tax Return and/or if you did not use the IRS Data Retrieval Tool on your FAFSA, refer to the instructions on the HPL Info Sheet.

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

Parent Date

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