



# 2023-2024 AY LOAN FOR DISADVANTAGED STUDENTS APPLICATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

### Important Information

Funding is limited and will be awarded based on need. **Students must meet eligibility requirements.** Talk to your financial aid advisor if you have questions. Submit completed form to Office of Student Affairs.

- Priority Application Deadline: **Oct 13, 2023**
- No origination or guarantor fees
- No interest accrues while enrolled full-time or during the 12-month grace period
- LDS loans may be eligible to be consolidated with Federal Direct Loans
  - <https://studentaid.gov/sa/repay-loans/consolidation#eligible-loans>
- Fixed interest rate of 5%
- Minimum of 10-year repayment period

### Eligibility Information

- Complete the 2023-2024 LDS Application in its entirety. Incomplete applications will not be considered.
- Complete the 2023-2024 FAFSA and include parental income information. **This requirement cannot be waived regardless of dependency status, age, or marital status per the U.S. Department of Health and Human Services Guidelines.** (If parents are deceased, please provide documentation, i.e. death certificate(s), obituary, etc.)
- Turn in a copy of your 2021 federal tax return transcripts \*
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- Demonstrate financial need
- Not have any unresolved defaults or over-payments owed to Title IV educational loans and grants
- Satisfy all Selective Service Act requirements

*\*If the IRS Data Retrieval Tool is used on the FAFSA AND unedited, the tax transcripts requirement may be waived.*

### LDS Annual Operating Report Questions

Please answer the following questions. The answers to these questions do not impact eligibility for the LDS.

Do you intend to serve in a medically under-served community upon completion of medical school?	<b>YES</b>	<b>NO</b>
Do you intend to practice in primary care upon completion of medical school?	<b>YES</b>	<b>NO</b>
Do you come from a rural background? If yes, what town and state: _____	<b>YES</b>	<b>NO</b>
Do you intend to serve in a rural area upon completion of medical school?	<b>YES</b>	<b>NO</b>
Do you come from an underrepresented minority group? (Asian, Black or African American, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Hispanic or Latino). If yes, please indicate which group(s) best describes you: _____	<b>YES</b>	<b>NO</b>



## Eligibility Questions

Are you a citizen or national of the United States, or a lawful permanent resident of the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa or the Trust Territory of the Pacific? A student who remains in this country on a student or visitor's visa is not eligible.	YES	NO
Are you enrolled as a full-time student in good academic standing in the Doctor of Medicine program?	YES	NO
Have you previously received any loans or grants from the Department of Health and Human Services? If you answered yes, are any of these HRSA loans or grants in default?	YES YES	NO NO
Do you come from an environment that has inhibited you from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school? Examples for environmental factors may include: <ul style="list-style-type: none"> <li>Person that attended a high school with low average SAT/ACT scores or below average state test results.</li> <li>Person from a school district where 50 percent or less of graduates go to college.</li> <li>Person who has a diagnosed physical or mental impairment that substantially limits participation in education experiences.</li> <li>Person for whom English is not his/her primary language and for whom language is still a barrier to academic performance.</li> <li>Person who is the first generation to attend college.</li> <li>Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced-price lunches.</li> </ul> <i>If you answered yes to this question, please include a brief statement explaining your environmental factors that qualify you for the LDS loan. Additionally, please include documentation of how you meet any the above criteria.</i>	YES	NO
Does your parent's annual income fall below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census? Please see the "Low-Income Thresholds" chart at the bottom of this application.	YES	NO
Does your annual income fall below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census?	YES	NO

### Low-Income Thresholds Based on the 2023 Poverty Guidelines

Household Size	48 Contiguous States and the District of Columbia	Alaska	Hawaii
1	\$29,160	\$36,420	\$33,540
2	\$39,440	\$49,280	\$45,360
3	\$49,720	\$62,140	\$57,180
4	\$60,000	\$75,000	\$69,000
5	\$70,280	\$87,860	\$80,820
6	\$80,560	\$100,720	\$92,640

*Household Size is the number of exemptions listed on the parent's Federal Income Tax plus the student if not included. Income Level is adjusted gross income for the 2021 calendar year. Income level is based on 200% of the 2023 Poverty Guidelines.*

My signature below certifies that all information provided on this form and any accompanying documentation provided is complete and correct to the best of my (our) knowledge. I understand that if I (we) purposely give false or misleading information, LDS eligibility will be forfeited, and legal action may be taken.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_