

2021-2022 AY PRIMARY CARE LOAN 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 administrator if you have questions about completing this form.

- Priority Application Deadline: **Oct 15, 2021**
- No origination or guarantor fees
- No interest accrues while enrolled full-time or during the 12-month grace period
- PCLs are restricted from consolidation because of the service obligation of the borrower
- Borrower must adhere to PCL service commitment requirements
- Fixed interest rate of 5%
- Minimum of 10-year repayment period

Eligibility Information

- Complete the 2021-2022 PCL Application in its entirety. Incomplete applications will not be considered.
- Complete the 2021-2022 FAFSA and include parental income information if **not** an independent student. **This requirement cannot be waived for dependent students 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 2019 federal tax return transcripts *
- If a dependent student, turn in a copy of your parents 2019 federal tax return transcripts *
- 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.*

PCL 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?	YES	NO
Do you intend to practice in primary care upon completion of medical school?	YES	NO
Do you come from a rural background? If yes, what town and state: _____	YES	NO
Do you intend to serve in a rural area upon completion of medical school?	YES	NO
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: _____	YES	NO



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
Are you an independent student? (To be independent for the PCL, you must be at least 24 years of age and have been independent for a minimum of 3 years.)	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	NO
As a potential PCL recipient do you agree to: <ul style="list-style-type: none"> • Enter and complete a residency training program in primary health care not later than four years after the date on which the borrower graduates from the institution. • Practice primary health care for either 10 years (including the years spent in residency training) or through the date on which the loan is repaid in full, whichever occurs first. <ul style="list-style-type: none"> o Primary health care is defined as family medicine, general internal medicine, general pediatrics, preventative medicine, or osteopathic general practice. o DHHS requires PCL recipients fulfill their primary care service obligation in the United States or one of its territories. Service outside of the United States is only permitted if the borrower is in military service and is assigned to serve at a location outside of the United States. o 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 2 percent greater than the rate the student would pay if compliant. o The law requires that PCL recipients practice in primary care, but does not specify that the practice be full-time or that it involve a minimum number of hours per week. Even though part-time practice is acceptable, the recipient would be in breach of the service obligation if he or she were to obtain any type of subspecialty training that would allow him or her to sub-specialize during his or her remaining service. • Certify to the school (or its designee) on an annual basis that he or she is practicing primary health care. • Fulfill all requirements as listed in your PCL promissory note. 	YES	NO

Service Obligation Penalties

Do you understand PCL borrowers are subject to penalty when he/she <i>fails to fulfill the requirements as listed in the PCL promissory note</i> ? This includes, but is not limited to: <ul style="list-style-type: none"> • Entering subspecialty training; or • Failing to be able to complete a primary care residency within 4 years of graduation; or • Failing to practice primary care in accordance with the terms of the PCL promissory note; or • Failing to provide the school with documentation of either residency status or primary care practice. 	YES	NO
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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, PCL eligibility will be forfeited, and legal action may be taken.

Student's Signature: _____

Date: _____