

Application for Health Professions Loans 2021-2022

UArizona College of Medicine

Type or write in **BLACK ink. DO NOT use pencil.**

LAST NAME:	FIRST:	MI:	STUDENT ID #:
ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> 1 st Year Medical <input type="checkbox"/> 2 nd Year Medical <input type="checkbox"/> 3 rd Year Medical <input type="checkbox"/> 4 th Year Medical <input type="checkbox"/> MD-MPH <input type="checkbox"/> MD-Ph.D. <input type="checkbox"/> MD- Pathology Year			

Please complete the information below and return to the appropriate College of Medicine Financial Aid Office. Please note certification and signature requirements on last page. **Application Due Date: Nov. 29th**

Loan for Disadvantaged Students- LDS (Requires parental data)

The LDS Program provides loans to eligible individuals from disadvantaged backgrounds. An individual from a disadvantaged background is defined by the U.S. Department of Health and Human Services as one

- who comes from an environment that has inhibited the individual from obtaining the knowledge, skill and ability to enroll in and graduate from a health professions school or
- who comes from a family with an annual income below a level based on low-income guidelines according to family size published by the U.S. Bureau of the Census adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services for use in health professions and nursing programs.

The data below is needed to provide reporting on funding so that we can retain eligibility as an institution (these are not necessarily requirements to receive funds).

1. Do you intend to serve in a medically underserved community? (You can confirm on the HRSA's MUA Find tool: <https://data.hrsa.gov/tools/shortage-area/mua-find>)

Yes	No or Unsure
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2. Do you intend to serve in a rural area? (You can confirm on the HRSA's HPSA Find tool: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>)

Yes	No or Unsure
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3. Do you intend to practice in primary care?

Yes	No or Unsure
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4. Are you from a rural background? (You can confirm on the HRSA's Rural Health Grants Eligibility Analyzer: <https://data.hrsa.gov/tools/rural-health?tab=Address>)

Yes- Please note state or territory/county:	No or Unsure
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5. Do you come from an underrepresented minority group? (Asian, Black or African American, American Indian or Alaska native, Native Hawaii or other Pacific Islander, Hispanic or Latino)

Yes- Please indicate which minority group best describes you: _____	No or Unsure
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Required Income Information: (regardless of age or marital status)

Please provide parental information on your **2021-2022 FAFSA**; you can submit a FAFSA correction to add this data. This will include parent(s) demographic data, household information, parental income, and assets. If your parent(s) filed a 2019 income tax return, they should submit (or update) their income information on the FAFSA by using their 2019 tax year financial information. If possible, please do so by using the IRS Data Retrieval Tool (DRT) on the FAFSA. Please see the "tax documents needed" section below for further guidance on what you may need to submit to us. If both parents are deceased, please provide a copy of their Death Certificate(s). If you were a ward of the state, foster child, or emancipated minor, you may provide documentation to forego parental income requirements.

FAFSA Requirement Needed:

I have signed and submitted a **2021-2022 FAFSA** to include the parent financial section.

Tax Documents Needed:

Student requirement: Select One-

I have used the IRS Data Retrieval Tool on my 2021-2022 FAFSA without changing the information **(preferred option)**

I am submitting my (and your spouse if applicable) 2019 **signed** tax forms

I (and spouse if applicable) did not and was not required to file taxes in 2019, so I will complete and submit the Student Certification of Non-Filer form.

Parent requirement: Select One-

My parent(s) used the IRS Data Retrieval Tool on my 2021-2022 FAFSA without changing the information **(preferred option)**

I am submitting my parent(s)' 2019 **signed** tax forms

My parent(s) did not and was not required to file taxes in 2019, so I am submitting the Parental Certification of Non-Filer form

CRITERIA FOR DISADVANTAGED BACKGROUND STATUS - Please select all that apply.

Student comes from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged).

OR

Student comes from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged). The following are provided as examples of "Environmentally Disadvantaged" for guidance only and are not intended to be all-inclusive.

Please select if one of the following applies and also provide a statement in the box below and any documentation you may have of the following:

Person from high school with low average SAT/ACT scores or below the average State test results.

Person from a school district where 50 percent or less of graduates go to college.

Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.

Person for whom English is not his or her primary language and for whom language is still a barrier to academic performance.

Person who is first generation to attend college.

Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.

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In the area below write a brief statement about why your background qualifies you for the LDS. Please attach applicable documentation if appropriate. Attach a second page, if needed.

Supplemental Questions (Required):

Have you participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program (HCOP), or by the Nursing Workforce Diversity (NWD) Program, formerly the Nursing Educational Opportunities Program (NEOP)?

No

Yes -

HCOP: Year: _____

COE: Year: _____

Did you attend Medstart at the University of Arizona?

No

Yes - Year: _____

Did you attend the Minority Medical Education Program (MMEP) in 2001 or later?

No

Yes - Year: _____

CERTIFICATION:

I hereby certify that the information contained on this form is true to the best of my knowledge.

Student signature:

Date: