

PRIMARY CARE LOAN INTEREST FORM

Federal Title VII Loan Program

IF YOU ARE INTERESTED IN APPLYING FOR A PRIMARY CARE LOAN, WHICH REQUIRES A PRIMARY CARE SERVICE OBLIGATION, PLEASE COMPLETE AND RETURN THIS FORM TO THE STUDENT FINANCIAL AID OFFICE BY MARCH 31.

Do NOT submit this form if you are not interested in a Primary Care Loan.

The Primary Care Loan Program requires **both student and parent information on the FAFSA.**

The purpose of this form is to assist the Student Financial Aid Office with identifying students who are interested in receiving a Primary Care Loan. Your **Student Aid Report** will determine if you are eligible for consideration. Funds are limited and priority will be given to eligible students who are approved for the Community Match and/or Arkansas Rural Practice Loan/Scholarship programs, then seniors, juniors, sophomores and freshmen respectively.

For the Primary Care Loan Program, **Primary Care** Medicine is defined as: Family Medicine, General Internal Medicine, General Pediatrics, General Medicine/Pediatrics, or Preventive Medicine. (Note: OBGYN is **not** considered Primary Care for the federal Title VII programs)

TERMS OF THE PRIMARY CARE LOAN

- 5% Fixed Interest Rate
- No fees are deducted from your loan.
- No interest accrues during medical school.
- No interest accrues during approved periods of residency training.

CONDITIONS OF THE PRIMARY CARE LOAN

- You must enter and complete a residency training program in primary health care not later than 4 years after completing medical school.
- You must practice primary care medicine until the loan is repaid.
- If you fail to comply with the agreement, the interest rate will increase to 18%, and will begin to accrue on the date of noncompliance.

Please sign below if you wish to be considered for a Primary Care Loan. You will be approved on the basis of your Student Aid Report (which **MUST** contain your parents' information) and on the availability of funds. *This form is not an official promissory note, but will be used by our office to identify students who wish to be considered for Primary Care Loans.* You will be sent a financial aid award letter to let you know whether or not you have been approved.

PRINTED NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____