



# ARKANSAS RURAL MEDICAL PRACTICE STUDENT LOAN & SCHOLARSHIP PROGRAM APPLICATION 2010-2011

## For NEW APPLICANTS / Per Act 1058 of 2007

Please **PRINT** or write legibly. Use black ink. Answer all questions. Return this application to the Rural Programs Office by March 4, 2010. It is recommended that you return the form by February 28th so we may prepare the contract for your signature. We must have this application and the signed contract by March 4, 2010.

NAME: \_\_\_\_\_ (For 2010-11 / Circle One): Alternate M1 M2 M3 M4

HOMETOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ # Years Lived in Arkansas: \_\_\_\_\_

UNDERGRADUATE DEGREE: College: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

If married: Spouse Occupation: \_\_\_\_\_ Salary: \$\$ \_\_\_\_\_ # Dependents: \_\_\_\_\_

PARENT'S NAME & HOMETOWN: FATHER: \_\_\_\_\_

MOTHER: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Annual Salary: \$\$ \_\_\_\_\_ Annual Salary: \$\$ \_\_\_\_\_

Current phone number: \_\_\_\_\_ Current e-mail: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

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**A. What considerations led to your decision to practice primary care medicine in a medically underserved rural community in Arkansas? Have you ever lived in a rural community in Arkansas? If so, for how long?**

**B. To what extent have you been exposed to and/or involved in the practice of medicine in a rural setting, i.e., through employment, volunteer work, as a patient, shadowing a physician, or other experience?**

**C. In your opinion, what are the three most important challenges facing healthcare in rural Arkansas?**

**D. At this time, what area of Primary Care do you plan to pursue?**

**E. If married, are you and your spouse committed to the objectives of the program and are you in complete agreement to living in a medically underserved rural community in Arkansas?**

**F. Although you are not required at this time to pinpoint the specific rural location in which you plan to practice primary care medicine, do you have a general idea as to the area, county or community in Arkansas you are presently considering? Have you talked with any physicians, hospital administrators, or mayors about practicing in their community?**

**G. If sufficient financial assistance were available from other sources, would you still apply for an Arkansas Rural Medical Practice Student Loan/Scholarship?**

**H. If you are an Alternate applying for the Rural Practice program, how much did the potential advancement on the Alternate List influence your decision to apply to this program?**

**I. What is your educational indebtedness prior to the 2010-11 School Year?**

**Stafford/Unsubsidized Stafford Loans Total:** \$ \_\_\_\_\_

**Other Educational Loans:** \$ \_\_\_\_\_

**Total Loans Prior to the 2010-11 School Year:** \$ \_\_\_\_\_

**CERTIFICATION and SIGNATURE:**

I understand that the information submitted by me on this application will be used to assist the Arkansas Rural Medical Practice Student Loan and Scholarship Board to determine my eligibility for participation in the program. I understand that my decision to sign a Rural Practice contract with the State of Arkansas/Rural Practice Board to practice full time primary care medicine in a medically underserved rural community in Arkansas is separate and independent of any employment opportunities and furthermore the Rural Practice contract I will sign does not guarantee employment, income guarantee, clinic space, or other monetary obligations by the Board or a qualifying community as a part of the Rural Practice contract. I understand the severe penalties involved, including the possible suspension of my license to practice medicine in the state of Arkansas, in the event I default on my contractual obligation.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**