

# Application for Health Professions Loans 2017-2018

## 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 <sup>st</sup> Year Medical <input type="checkbox"/> 2 <sup>nd</sup> Year Medical <input type="checkbox"/> 3 <sup>rd</sup> Year Medical <input type="checkbox"/> 4 <sup>th</sup> 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 deadline: September 25, 2017**

Please select which type of loan funds available through this Program that you wish to be considered for. **\*\*If interested in both loan types select both options.**

- 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.
- Primary Care Loan** (Requires service commitment, if over age 24 does not require parental data, but does require documentation showing you have been independent for a minimum of 3 years)  
 I want to be considered for the Primary Care Loan that would require me to enter and complete a residency training program in primary health care (family medicine, general internal medicine, general pediatrics, or preventative medicine) not later than four years after I graduate and to practice in such care in the United States through the date on which the loan is repaid in full. If offered, I will review the promissory note carefully before e-signing and accepting the funds. (Please note: Primary Care Loan is NOT forgivable through Public Service Loan Forgiveness.)

Data 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 HPSA and MUS Find tool: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>:

<input type="checkbox"/> Yes	<input type="checkbox"/> No or Unsure
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2. Do you intend to serve in a rural area? (You can confirm on the HRSA's Rural Health Grants Eligibility Analyzer: <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>

<input type="checkbox"/> Yes	<input type="checkbox"/> No or Unsure
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3. Do you intend to practice in primary care?:

<input type="checkbox"/> Yes	<input type="checkbox"/> 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://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

<input type="checkbox"/> Yes- Please note state or territory/county:	<input type="checkbox"/> 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)

<input type="checkbox"/> Yes- Please indicate which minority group best describes you:	<input type="checkbox"/> No or Unsure
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### Required Income Information:

Parental Information should be entered online using the 2017-2018 FAFSA. If parent(s) filed a 2015 US income tax form, they should submit (or update) their income information on the FAFSA by using their 2015 tax year financial information. Parents who are unable to access the FAFSA online must print and complete the last three pages of this application. If your parents are deceased, please provide a copy of their Death Certificate. Once you submit your FAFSA information, parents will also need to provide their 2015 tax forms.

### Please select one:

- My parent(s) have completed/updated the 2017-2018 FAFSA OR
- My parent will print and complete pages 6-8 of this application OR
- I am applying ONLY for the Primary Care Loan. AND I am over 24 years of age and my parents have not claimed me as a dependent for tax purpose for at least the last 3 years. Please initial: \_\_\_\_\_

### Tax Documents needed:

(If you or your parent did not file and are not required to file tax returns for 2015, please reach out to the COM Financial Aid Office for further instructions.)

- Please submit your parents' 2015 signed tax forms OR this is not required if initialed above for PCL only and age.
- Please submit your (and your spouse if applicable) 2015 signed tax OR have used the IRS Data Retrieval Tool on your FAFSA without changing the information.

### For Loans for Disadvantaged Students Applicants only:

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

- 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.

Examples:

- 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.

OR

- 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).

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In the area below write a brief statement about why your background qualifies you for the LDS. 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: \_\_\_\_\_
  - NWD: Year: \_\_\_\_\_
  - NEOP: 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:

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Date:

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**INSTRUCTIONS: Please review and answer all questions. For values that are not applicable enter Zero.**

**Notes for questions 59-94 (pages 6 and 7)**

Review all instructions below to determine who is considered a parent on this form:

- If your parent was never married and does not live with your other legal parent, or if your parent is widowed or not remarried, answer the questions about that parent.
- If your legal parents (biological and/or adoptive) are not married to each other and **live together**, select “Unmarried and both parents living together” and provide information about both of them regardless of their gender. Do not include any person who is not married to your parent and who is not a legal or biological parent. Contact 1-800-4-FED-AID for assistance in completing questions 80-94.
- If your parents are married, select “Married or remarried.” Consistent with the Supreme Court decision holding Section 3 of the Defense of Marriage Act (DOMA) unconstitutional, same-sex couples must report their marital status as married if they were legally married in a state or other jurisdiction (foreign country) that permits same-sex marriage, without regard to where the couple resides.
- If your legal parents are divorced but living together, select “Unmarried and both parents living together.”
- If your legal parents are separated but living together, select “Married or remarried,” not “Divorced or separated.”
- If your parents are divorced or separated, answer the questions about the parent you lived with more during the past 12 months. (If you did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months or during the most recent year that you actually received support from a parent.) If this parent is remarried as of today, answer the questions about that parent and your stepparent.
- If your widowed parent is remarried as of today, answer the questions about that parent and your stepparent.

### Notes for questions 84 (page 6)

In general, a person may be considered a dislocated worker if he or she:

- Is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation;
- has been laid off or received a lay-off notice from a job;
- was self-employed but is now unemployed due to economic conditions or natural disaster; or
- is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g., a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment. If a person quits work, generally he or she is not considered a dislocated worker even if, for example, the person is receiving unemployment benefits.
- Answer “**Yes**” to question 84 if your parent is a dislocated worker. Answer “**No**” to question 84 if your parent is not a dislocated worker. Answer “**Don’t know**” to question 84 if you are not sure whether your parent is a dislocated worker. If you answer “**Yes**” to the question that your parent is a dislocated worker, the financial aid administrator at your college may require you to provide proof that your parent is a dislocated worker.
- **If you filed or will file a foreign tax return**, a tax return with Puerto Rico, another U.S. territory (e.g., Guam, American Samoa, the U.S. Virgin Islands, Swain’s Island or the Northern Marianas Islands) or one of the Freely Associated States, use the information from that return to fill out this form. If you filed a foreign return, convert all monetary units to U.S. dollars, using the exchange rate that is in effect today. To view the daily exchange rate, go to [www.federalreserve.gov/releases/h10/current](http://www.federalreserve.gov/releases/h10/current).



COLLEGE OF MEDICINE  
**Financial Aid**  
STUDENT AFFAIRS

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### Notes for questions 91 and 92 (page 7)

Net worth means the current value, as of today, of investments, businesses, and/or investment farms, minus debts related to those same investments, businesses, and/or investment farms. When calculating net worth, use 0 for investments or properties with a negative value.

**Investments include** real estate (do not include the home in which you live), rental property (includes a unit within a family home that has its own entrance, kitchen, and bath rented to someone other than a family member), trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, etc.

**Investments also include** qualified educational benefits or education savings accounts (e.g., Coverdell savings accounts, 529 college savings plans and the refund value of 529 prepaid tuition plans). For a student who does not report parental information, the accounts owned by the student (and/or the student's spouse) are reported as student investments in question 42. For a student who must report parental information, the accounts are reported as parental investments in question 91, including all accounts owned by the student and all accounts owned by the parents for any member of the household.

**Money received, or paid on your behalf**, also includes distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as your grandparents, aunts, uncles, and non-custodial p

**Investments do not include** the home you live in, the value of life insurance, retirement plans (401[k] plans, pension funds, annuities, non-education IRAs, Keogh plans, etc.) or cash, savings and checking accounts already reported in question 90.

**Investments also do not include** UGMA and UTMA accounts for which you are the custodian, but not the owner. Investment value means the current balance or market value of these investments as of today. Investment debt means only those debts that are related to the investments.

**Business and/or investment farm value includes** the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral.

**Business value does not include** the value of a small business if your family owns and controls more than 50 percent of the business and the business has 100 or fewer full-time or full-time equivalent employees. For small business value, your family includes (1) persons directly related to you, such as a parent, sister or cousin, or (2) persons who are or were related to you by marriage, such as a spouse, stepparent or sister-in-law.

**Investment farm value does not include** the value of a family farm that your parents live on and operate.



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**Instructions (PARENTS):** Complete this step only if the student a) Is applying for the Loan for Disadvantage Students, b) Parental information is required for the Primary Care Loan, and c) Parent(s) will not update their financial information on the student's 2017-2018 FAFSA.

<b>59. As of today, what is the marital status of your legal parents?</b>		<b>60. Month and year they were married, remarried, separated, divorced or widowed.</b>	
Never married..... <input type="radio"/>	Married or remarried..... <input type="radio"/>	MONTH	YEAR
Unmarried and both parents living together..... <input type="radio"/>	Divorced or separated..... <input type="radio"/>	<input type="text"/>	<input type="text"/>
	Widowed..... <input type="radio"/>		
<b>62. LAST NAME, AND</b>		<b>63. FIRST INITIAL</b>	<b>64. DATE OF BIRTH</b>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>66. LAST NAME, AND</b>		<b>67. FIRST INITIAL</b>	<b>68. DATE OF BIRTH</b>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>70. What is your parents' state of legal residence?</b>	STATE	<b>71. Did your parents become legal residents of this state before January 1, 2012?</b>	<b>72. If the answer to question 71 is "No," give the month and year legal residency began for the parent who has lived in the state the longest.</b>
<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	MONTH YEAR
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>73. How many people are in your parents' household? Include:</b>			
• yourself, even if you don't live with your parents,			<input type="text"/>
• your parents,			
• your parents' other children (even if they do not live with your parents) if (a) your parents will provide more than half of their support between July 1, 2017 and June 30, 2018, or (b) the children could answer "No" to every question in Step Three on page 5 of this form, and			
• other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2017 and June 30, 2018.			
<b>74. How many people in your parents' household (from question 73) will be college students between July 1, 2017 and June 30, 2018? Always count yourself as a college student. Do not include your parents. Do not include siblings who are in U.S. military service academies. You may include others only if they will attend, at least half-time in 2017-2018, a program that leads to a college degree or certificate.</b>			<input type="text"/>
<b>At any time during 2015 or 2016, did you, your parents, or anyone in your parents' household (from question 73) receive benefits from any of the federal programs listed? Mark all that apply. Answering these questions will NOT reduce eligibility for student aid or these programs. TANF has different names in many states. Call 1-800-433-3243 to find out the name of your state's program. If you, your parents, or anyone in your household receives any of these benefits after filing the FAFSA but before December 31, 2016, you must update your response by logging in to <a href="http://www.fafsa.gov">www.fafsa.gov</a> and selecting "Make FAFSA Corrections."</b>			
<b>75. Medicaid or Supplemental Security Income (SSI)</b>	<input type="radio"/>	<b>76. Supplemental Nutrition Assistance Program (SNAP)</b>	<input type="radio"/>
<b>77. Free or Reduced Price School Lunch</b>	<input type="radio"/>	<b>78. Temporary Assistance for Needy Families (TANF)</b>	<input type="radio"/>
<b>79. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</b>	<input type="radio"/>		
<b>If your answer to question 59 was "Unmarried and both parents living together," contact 1-800-433-3243 for assistance with answering questions 80-94.</b>			
<b>80. For 2015, have your parents completed their IRS income tax return or another tax return listed in question 81?</b>		<b>81. What income tax return did your parents file or will they file for 2015?</b>	
My parents have already completed their return..... <input type="radio"/>		IRS 1040..... <input type="radio"/>	
My parents will file but have not yet completed their return..... <input type="radio"/>		IRS 1040A or 1040EZ..... <input type="radio"/>	
My parents are not going to file. <b>Skip to question 88.</b> ..... <input type="radio"/>		A foreign tax return. <b>See Notes page 9.</b> ..... <input type="radio"/>	
		A tax return with Puerto Rico, another U.S. territory or Freely Associated State. <b>See Notes page 9.</b> ..... <input type="radio"/>	
<b>82. For 2015, what is or will be your parents' tax filing status according to their tax return?</b>			
Single..... <input type="radio"/>		1	
Head of household..... <input type="radio"/>		4	
Married—filed joint return..... <input type="radio"/>		2	
Married—filed separate return..... <input type="radio"/>		3	
Qualifying widow(er)..... <input type="radio"/>		5	
Don't know..... <input type="radio"/>		6	
<b>83. If your parents have filed or will file a 1040, were they eligible to file a 1040A or 1040EZ? See Notes page 9.</b>	Yes <input type="radio"/>	<b>84. As of today, is either of your parents a dislocated worker? See Notes page 10.</b>	Yes <input type="radio"/>
	No <input type="radio"/>		No <input type="radio"/>
	Don't know <input type="radio"/>		Don't know <input type="radio"/>



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85. What was your parents' adjusted gross income for 2015? Adjusted gross income is on IRS Form 1040—line 37; 1040A—line 21; or 1040EZ—line 4.

\$

86. Enter your parents' income tax for 2015. Income tax amount is on IRS Form 1040—line 56 minus line 46; 1040A—line 28 minus line 36; or 1040EZ—line 10.

\$

87. Enter your parents' exemptions for 2015. Exemptions are on IRS Form 1040—line 6d or on Form 1040A—line 6d. For Form 1040EZ, see Notes page 9.

Questions 88 and 89 ask about earnings (wages, salaries, tips, etc.) in 2015. Answer the questions whether or not a tax return was filed. This information may be on the W-2 forms or on the tax return selected in question 81: IRS Form 1040—lines 7 + 12 + 18 + Box 14 (Code A) of IRS Schedule K-1 (Form 1065); 1040A—line 7; or 1040EZ—line 1. If any individual earning item is negative, do not include that item in your calculation. Report the information for the parent listed in questions 61-64 in question 88 and the information for the parent listed in questions 65-68 in question 89.

88. How much did Parent 1 (father/mother/stepparent) earn from working in 2015?

\$

89. How much did Parent 2 (father/mother/stepparent) earn from working in 2015?

\$

90. As of today, what is your parents' total current balance of cash, savings, and checking accounts? **Don't include** student financial aid.

\$

91. As of today, what is the net worth of your parents' investments, including real estate? **Don't include** the home in which your parents live. See Notes page 9.

\$

92. As of today, what is the net worth of your parents' current businesses and/or investment farms? **Don't include** a family farm or family business with 100 or fewer full-time or full-time equivalent employees. See Notes page 9.

\$

93. Parents' 2015 Additional Financial Information (Enter the amounts for your parent(s).)

a. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040—line 50 or 1040A—line 33.

\$

b. Child support paid because of divorce or separation or as a result of a legal requirement. **Don't include** support for children in your parents' household, as reported in question 73.

\$

c. Your parents' taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.

\$

d. Your parents' taxable college grant and scholarship aid reported to the IRS in your parents' adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.

\$

e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents' adjusted gross income. **Don't include** untaxed combat pay.

\$

f. Earnings from work under a cooperative education program offered by a college.

\$



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**94. Parents' 2015 Untaxed Income (Enter the amounts for your parent(s).)**

- a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits). \$
- b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17. \$
- c. Child support received for any of your parents' children. **Don't include** foster care or adoption payments. \$
- d. Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b. \$
- e. Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). **Exclude rollovers.** If negative, enter a zero here. \$
- f. Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). **Exclude rollovers.** If negative, enter a zero here. \$
- g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Don't include** the value of on-base military housing or the value of a basic military allowance for housing. \$
- h. Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$
- i. Other untaxed income not reported in items 94a through 94h, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. **Don't include** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. \$

▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
▲	▲	▲	▲	▲	▲	▲	▲	▲	▲

**Certification and Signatures:**

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid programs electronically using a Federal Student Aid (FSA) ID, you certify that you are the person identified by the FSA ID and have not disclosed that FSA username and password to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

<b>Student's Printed Name:</b>	<b>Signature</b>	<b>Date</b>
<b>Mother's Printed Name:</b>	<b>Signature</b>	<b>Date</b>
<b>Father's Printed Name:</b>	<b>Signature</b>	<b>Date</b>

