



Health Science Campus - College of Medicine 2009-2010
 Applicants for:
 Primary Care Loans, Loans or Scholarships for Disadvantaged Students

Complete all items, sign the certification statement, and return this application to the address listed below. Completion of the 2009-2010 Free Application for Federal Student Aid (FAFSA), available at www.fafsa.ed.gov, is required for students applying for the above programs.

Student Name _____ Student Rocket Number _____

Yes, I DO wish to be considered for University-administered aid. Please review the following information:

Inclusion of Parent Information

- For University-administered aid, such as Primary Care Loans, Loans for Disadvantaged Students, and/or Scholarships for Disadvantaged Students, an additional packet of forms will be sent for your parents to complete, sign, and return.
- In addition, you must submit signed copies of your (and your spouse's, if married) and your parents' 2008 federal income tax returns (and all schedules) to the Office of Student Financial Aid at the address listed below.

Primary Care Loans

Students who wish to be considered for Primary Care Loan funds must make a commitment to complete a primary care residency and, in some cases, participate in a clinical practice oriented toward primary care (Family Medicine, General Internal Medicine, Preventive Medicine, and General Pediatrics) and serving a medically-underserved community. *Students who do not fulfill this primary care commitment will incur a substantial penalty on the funds received. Please check below to be considered.*

I would like to be considered for any program with a primary care practice commitment and for which I am eligible (see above requirements for parents' information). I understand that this will result in consideration for primary care restricted funds before and/or to the exclusion of any Federal Perkins or other University-administered loans.

Information on Ethnicity/Disadvantaged Status (Optional)

Ethnic Origin

- | | |
|--|-------------------------------------|
| _____ American Indian or Alaska Native | _____ Asian (not listed previously) |
| _____ Native Hawaiian or Other Pacific Islander | _____ Hispanic or Latino |
| _____ Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) | _____ White, Non-Hispanic |
| _____ Black or African American, Non-Hispanic | _____ Other _____ |

Disadvantaged

_____ I am considered to be "disadvantaged" based on one of the following:
 (Y/N) I am from an environment that has inhibited me from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school or training in an allied health profession,
OR
 Based on family size, I am from a family with an annual income below the low income thresholds adjusted and published annually by the U.S. Bureau of the Census.

Certification Statement

I certify that the information provided on this application is true to the best of my knowledge and that I will notify the Office of Student Financial Aid of any changes to the information provided on my financial aid application and/or any additional assistance that I will receive for my educational expenses.

Student Signature _____ Date _____

Please return this completed application to:
 Office of Student Financial Aid
 The University of Toledo
 2801 W. Bancroft Street, Mail Stop 314
 Toledo, OH 43606-3390