Health Professional Student Loan Supplemental Form

Student Information

Name:_____ UID:_____

Telephone Number: _____

Umail Email: _____ Personal Email:_____

Driver's License Number: _____ State of Issued D/L: _____

Date of Birth: _____ Social Security Number:_____

Expected Graduation Date:_____

Permanent Address

Street:_____

City:_____ State:_____ Zip Code:_____

Personal References

Reference 1:

Name: _____ Relationship: _____

Telephone Number: _____

Address:_____

City: _____ State: _____ Zip Code: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Reference 2:

Name: _____ Relationship: _____

Telephone Number: _____

Address:_____

City: _____ State: _____ Zip Code: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Health Professional Student Loan Annual Operating Report Questions:	
Do you intend to serve in Medically Underserved Community after you graduate? You may use MUA Tool at https://data.hrsa.gov/tools/shortage-area/mua-find.	Yes____ No____
Are you from a Rural Background? You find the definition at https://www.hrsa.gov/rural-health/about-us/what-is-rural	Yes____ No____
Do you intend to serve in a Rural Area after you graduate? You find the definition at https://www.hrsa.gov/rural-health/about-us/what-is-rural	Yes____ No____

School History

Students applying for the Health Professional Student Loan program must notify University Office of Scholarships and Financial Aid (UOSFA) if they received one of the Health Resources and Services Administration (HRSA) funds listed below.

Please check all that applies:

☐I am in default on a previously received Title VII Loan (identify below)

☐I owe a refund on a previously received Title VII Grant (identify below)

☐I never received any of the Title VII fund listed below.

Fund	Award Year(s)	Cumulative Award Total	Name of University
Scholarship for Disadvantaged Students (SDS)			
Loans for Disadvantaged Students (LDS)			
Primary Care Loan (PCL)			
Nursing Student Loan (NSL)			
Nursing Faculty Loan Program (NFLP)			
Health Professional Student Loan (HPSL)			
Health Educational Assistant Loan (HEAL)			

If you have received any of these awards, our office may require an additional form to confirm the award amounts.

The Health Professional Student Loan Program provides a need-based loan option to student pursing their pharmacy degree.

Eligibility

- Must be a U.S. citizen or lawful permanent resident
- Must be enrolled full time in an eligible degree program making satisfactory academic progress
- Must demonstrate financial need through the 2023-24 Free Application for Federal Student Aid (FAFSA) which includes both student and parental income
- Must include parental tax information on FAFSA regardless of your dependency status as the Department of Health and Human Services requires parental information on the FAFSA

Required Documents

Students are required to submit verification documents through the Student Forms Portal. According to HRSA guidelines for the Health Professional Student Loan program, all students must submit parental information. Parent and student income will be used to determine the student's need and eligibility for this loan.

- The Verification Form
- Student's 2021 Tax Return Transcript or a signed copy of FORM 1040
- Parent's 2021 Tax Return Transcript or a signed copy FORM 1040

I attest and certify that the information provided on this are true, complete, and accurate. I acknowledge that purposely providing false or misleading information on this form, or in any supporting documentation or information provided by me or on my behalf, may subject me to University sanction, loss of student financial aid, and/or criminal penalty and/or fine(s).

STUDENT SIGNATURE: _____ DATE:_____