



# Health Professions Loan Program

2012-2013 Application

Deadline: May 30, 2012

## APPLICANT INFORMATION

Social Security Number	Last Name	First Name	MI	Date of Birth
Home Address (Permanent/Legal) Street		Apt /Unit	City/State/Zip	
Mailing Address (If Different) Street/PO Box		Apt /Unit	City/State/Zip	
Home Phone Number	Cell Phone Number	E-mail Address		

I have been a resident of Maine for at least 1 year for purposes other than education.  
 Yes       No (Please explain)

Provide the city and state in which you are registered to vote.

<b>EXPECTED ENROLLMENT</b>	School attending in 2012-2013	Expected Graduation Date (MM/YY)
	Program of Study <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DMD <input type="checkbox"/> DDS <input type="checkbox"/> DVM <input type="checkbox"/> OTHER (please identify):	

<b>CAREER PLANS</b>	Do you intend to practice in Maine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Intended Practice Specialty <input type="checkbox"/> Primary Health Care Physician <input type="checkbox"/> Veterinarian <input type="checkbox"/> General Dentistry <input type="checkbox"/> Other (please identify)		

## FINANCIAL AID CERTIFICATION (to be completed by financial aid officer at school listed above)

Name of Financial Aid Officer		Phone Number		
Mailing Address		E-mail Address		
Cost of Attendance	EFC	Grants/Scholarships	Loans	Unmet Need
\$	\$	\$	\$	\$

Signature of Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT SIGNATURE and CERTIFICATION

I hereby certify that all of the information set forth on this application, and all materials submitted therewith (collectively, "my information"), is true, correct and complete. I have read and I understand FAME's Privacy Policy Notice. I authorize FAME to share my information and information obtained from my high school, college or university regarding my registration, grades and costs of attendance, with FAME's advisory or selection committee(s) and with my school(s) for purposes of processing my application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



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## EDUCATION HISTORY – Elementary through High School Graduation

School's Name	Town	State	Grade Level(s)	Dates Attended

## EDUCATION HISTORY – Undergraduate School(s)

School's Name	Town	State	Degree Program	Dates Attended

## EDUCATION HISTORY – Graduate School(s)

School's Name	Town	State	Degree Program	Dates Attended

## WORK HISTORY – Include Community Service and Volunteer Work

Company/Organization and Brief Description of Work	Town	State	Dates Worked	
			From	To



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## PRIVACY POLICY NOTICE

Protecting the privacy of your personal information is important to us at the Finance Authority of Maine. We do not sell or share the nonpublic personal information you provide us. Federal legislation requires us to give you this notice about our privacy policy. The law also requires us to send you a current privacy policy each year that you are our customer.

This notice uses the term "nonpublic personal information." This means personal information about you which identifies you, and that is not available from public sources.

1. We collect nonpublic personal information about you from the following sources:
  - a. Information received from you on applications, correspondence, communications, and other forms;
  - b. Information about your transactions with respect to your account.
2. We do not disclose any nonpublic personal information about you or our other current or former customers to anyone, except as permitted by law. We never rent or sell your name or personal financial information. We do share such information with our contractors and agents, as needed, to administer your account transactions in conformance with law.
3. We restrict access to nonpublic personal information about you to our employees who need to know the information and to contractors and agents in order to provide service to you. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations to safeguard your nonpublic personal information.

## AUTHORIZATIONS (OPTIONAL)

I hereby authorize the Finance Authority of Maine (FAME) to discuss my application with the following individuals upon their verification that they are such person and correct reciting of my social security number and date of birth, until written notification from me to the contrary is received by FAME.

Examples:	Full Name of Individual	Relationship to You (Applicant)
Parent		
Guardian		
Spouse		

## APPLICANT SIGNATURE and CERTIFICATION

I hereby certify that all of the information set forth on this form is true, correct and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## PROGRAM ELIGIBILITY INFORMATION

The Health Professions Loan Program is established to help allopathic, osteopathic and veterinary medicine or dentistry students defray the costs of such graduate education.

In addition to completing FAME's application, a student must:

- Be a resident of Maine **for purposes other than education** for one year prior to matriculation at a qualified school
- Be admitted to a program of study leading to a M.D., D.O., D.M.D. or D.D.S., or D.V.M. degree
- Demonstrate financial need
- Submit all required forms and documents by the required deadline
- Submit the 2012-2013 FAFSA (Free Application for Federal Student Aid) by May 30, 2012

Award amounts for the 2012-2013 academic year are up to \$25,000, dependent on need. Doctors for Maine's Future Scholarship recipients may only receive up to \$10,000.

*This program is governed by Maine law as set forth in 20-A M.R.S.A. §12101 et seq. and Chapter 617 of the Rules of the Finance Authority of Maine.*

## INSTRUCTIONS & REQUIREMENTS

Submit completed application and required documents to FAME by **May 30, 2012** (postmark date).

Applicants must:

- Complete the Health Professions Loan Program Application carefully
- Provide copies of your transcripts from all undergraduate and graduate schools you attended
- Provide Maine residency documentation/information (FAME reserves the right to ask for additional documentation if needed to determine your residency eligibility which may include parents' tax returns)
  - Signed copy of your 2011 state tax return (do not include schedules)
  - Copy of your current driver's license
  - Copy of your vehicle registration (indicate if you do not have one)
- File the FAFSA (FAME, as a Maine state agency, will automatically receive a copy of your FAFSA after you file)

You must submit all required documents for your application to be considered complete. Applications that are not complete by the deadline date indicated will be ineligible. FAME assumes no responsibility for identifying missing or erroneous information.

## APPLICATION CHECKLIST

- Health Professions Loan Program Application – pages 1, 2 and 3
- Transcripts
- Copy of your state income tax return
- Copy of driver's license
- Copy of vehicle registration
- Submitted FAFSA

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**Private Education Loan Application and Solicitation Disclosure  
Health Professions Loan**

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**Finance Authority of Maine (FAME)  
5 Community Drive  
PO Box 949  
Augusta, ME 04332-0949  
800-228-3734**

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**Loan Interest Rate & Fees**

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Your interest rate will be between

0%	and	8%
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**Your Interest Rate**

The interest rate you will pay will be determined by your employment status and location following completion of your professional education or upon your withdrawal from school. If approved, we will notify you of the rate you qualify for within the stated range after completion of your professional education or upon your withdrawal from school. The interest rate for which you qualify is fixed and will not change as long as you are in the location and circumstances which qualified you for the rate and you do not go into deferment after the beginning of the repayment period. If you do, or if your status changes, your interest rate may change within the stated range.

Your interest rate will never exceed 8% (maximum allowable for this loan).
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**Loan Fees**

There are no fees to obtain this loan.  
Returned Check Charge: \$20.00

**Loan Cost Example**

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The total amount you will pay for this loan will vary depending upon your interest rate and repayment habits. This example provides an estimate based upon the only repayment option available to you.

Repayment Option	Amount Provided (amount provided directly to your school)	Interest Rate (highest possible rate)	Loan Term (how long you have to pay off the loan)	Total Paid over 10 Years
<b>1. DEFER PAYMENTS</b> Pay no principal or interest while enrolled in school.	\$10,000	8%	10 Years Beginning 6 months after completion of professional education or withdrawal from school.	<b>\$14,559.20</b>

**About this example**

This example does not assume any returned check charges. Interest begins to accrue at the beginning of the repayment period. The maximum loan amount is \$10,000 per academic year if you also receive the Doctors for Maine's Future Scholarship, or \$25,000 if you do not.

**SEE BACK OF PAGE**

## Federal Loan Alternatives

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Loan Program	Current Interest Rates by Program Type
<b>PERKINS</b> For Students	5% fixed
<b>WILLIAM D. FORD FEDERAL DIRECT LOAN</b> For Students	6.8% fixed Graduate
<b>PLUS</b> For Graduate/Professional Students	7.9% fixed Federal Direct Loan

**You may qualify for Federal education loans.** For additional information, contact **your school's financial aid office or the U. S. Department of Education at:**

[www.federalstudentaid.ed.gov](http://www.federalstudentaid.ed.gov)

## Next Steps

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### 1. Find Out About Other Loan Options.

Some schools have school-specific student loan benefits and terms not detailed on this form. Contact your school's financial aid office or visit the U. S. Department of Education's web site at: [www.federalstudentaid.ed.gov](http://www.federalstudentaid.ed.gov) for more information about other loans.

### 2. To Apply for this Loan, Complete the Application and the Self-Certification Form.

You may get the certification form from your school's financial aid office. If you are approved for this loan, the loan terms will be available for 30 days (terms will not change during this period, except as permitted by law).

## REFERENCE NOTES

### Eligibility Criteria

Funding is limited. Not all who qualify will receive a loan. To qualify, you must have been a Maine resident for at least one year. You must not have obtained a Health Professions Loan prior to January 1, 2011. You must be admitted to a program of study at an accredited school leading to the M.D., D.O., D.M.D. or D.D.S., or D.V.M. degree. You must submit a complete application and file the FAFSA by May 30. You must demonstrate financial need.

### Bankruptcy Limitations

If you file for bankruptcy you may still be required to pay back this loan.

**More information about loan eligibility and repayment deferral is available in your loan application and loan documents.**