

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.

EXPECTED ENROLLMENT	School attending in 2019-2020	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):	

CAREER PLANS	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 (bring to financial aid office at school listed above to be completed before sending to FAME)

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

_____ Date _____
 Signature of Financial Aid Officer

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.

_____ Date _____
 Signature of Applicant

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

Signature of Applicant

Date

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 2019-2020 FAFSA (Free Application for Federal Student Aid) by May 30, 2019

Loan amounts for the 2019-2020 academic year are up to \$25,000, depending 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, 2019** (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 which may include parents' tax returns)
 - Signed copy of your 2018 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 2018 state income tax return

Copy of driver's license

Copy of vehicle registration

Submitted 2019-2020 FAFSA

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

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

Loan Interest Rate & Fees

Your starting interest rate will be

0%

Your Interest Rate (upon approval)

All borrowers receive the same starting interest rate on this loan. Following completion of your professional education or upon your withdrawal from school, the interest rate you will pay will be determined by your employment status and location. If approved, we will notify you of the rate you qualify for after completion of your professional education or upon your withdrawal from school.

See Reference Notes for more information.

The interest rate is variable. **The maximum interest rate will never exceed 8%** (maximum allowable for this loan).

Loan Fees

There are no fees to obtain this loan.

Returned Check Charge: \$20.00

Loan Cost Example

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 starting rate)	Loan Term (how long you have to pay off the loan)	Total Paid over 10 Years
1. DEFER PAYMENTS Pay no principal or interest while enrolled in school.	\$25,000	0%	10 Years beginning 6 months after completion of professional education or withdrawal from school.	\$36,398.20

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

Loan program	Current Interest Rates by Program Type
PERKINS for Students	5.00% fixed
Direct Unsubsidized* for Graduate/Professional Students	6.60% fixed
Direct PLUS* for Graduate/Professional Students	7.60% fixed

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.studentaid.ed.gov

*Interest rates are subject to change each July 1, according to federal regulations.

Next Steps

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.studentaid.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.

Interest Rates

Upon completion of professional education, the loan interest rate will be 0%, 3%, 5%, or 8%, depending upon your practice type and location. If you withdraw from professional education, your loan interest rate will be 8%. During the period of any approved deferment, your interest rate will be 5%.

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.