#### Private Education Loan Application and Solicitation Disclosure

# **Maine Medical Education Trust**

30 Association Drive P.O. Box 190 Manchester, ME 04351 207-622-3374

## Loan Interest Rate & Fees

#### Your starting interest rate will be

0 %

After the starting rate is set, your rate will be determined annually, based upon a tiered interest rate plan established by your lender.

#### Your Starting Interest Rate (upon approval)

All borrowers receive the same starting interest rate on this loan. The variable interest rate is based on your status in medical school and then the periods commencing after graduation from medical school.

#### Your Interest Rate during the life of the loan

**Your rate is variable.** This means that your rate will move higher than the rates on this form. The variable rate is based upon a tiered interest rate plan, as established by the Maine Medical Education Trust. The rate is dependent on your status in medical school and then the periods commencing after graduation from medical school. For more information on this rate, see Reference Notes.

The interest rate is variable. **The maximum interest rate will never exceed 5%** (the maximum allowable for this loan).

#### Loan Fees

There are no fees to obtain this loan. **Returned Payment Charge**: \$30.00

#### Loan Cost Examples

The total amount you will pay for this loan will vary depending upon when you start to repay it. This example provides estimates based upon two (2) repayment options available to you.

Repayment Option (while enrolled in school)	Amount Provided (amount provided directly to you or 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 Make no payments while enrolled in school or during residency period.	\$10,000	0 %	10 Years after residency period expires	\$15,072.00
2. INTEREST ONLY PAYMENTS Make no payments while enrolled in school. Make interest only payments during residency period.	\$10,000	0 %	10 Years after residency period expires	\$14,669.77

#### About these examples

These examples assume that you remain enrolled in medical school for four years, followed by the completion of a five year residency program before beginning repayment. Interest begins to accrue after you graduate from medical school and does not assume any returned payment charges.

## SEE BACK OF PAGE

Loan program

**Direct Unsubsidized\*** 

Graduate/Professional

for Students

**Direct PLUS\*** for Parents and

Current Interest Rates by	You may qualify for federal
Program Type	education loans.
	For additional information, contact your
6.54% fixed	school's financial aid office or the

U. S. Department of Education at:

www.studentaid.gov

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

Graduate

unsubsidized

7.54% fixed

## Next Steps

Students

## 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: <u>www.studentaid.gov</u> 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**

#### Variable Interest Rate

This loan has a variable interest rate. The interest rate in effect is based on your status in medical school and then the periods commencing after graduation from medical school.

The interest on this loan will accrue using the following tiered interest rate structure:

- No interest shall accrue from the date of the Promissory Note until the July 1 of the calendar year in which you graduate from medical school.
- For the 12-month period commencing July 1 of the calendar year in which you graduate from medical school, the interest rate shall accrue at a rate of 1% per annum.
- For the 12-month period commencing July 1 following the period above, the interest rate shall accrue at a rate of 3% per annum.
- For the 12-month period (up to the 36-month if borrower is continuously enrolled in a residency program) commencing on July 1 of the period above, the interest rate shall accrue at a rate of 5% per annum.
- Thereafter, interest shall remain fixed at a rate of 5% per annum for the remaining ten-year repayment period.

**Exception:** Should the borrower terminate or interrupt their medical education prior to completion, the Note shall bear a fixed interest rate of 5% per annum, commencing on the July 1 of the calendar year in which such termination or interruption occurs.

#### Eligibility

- Must be a Maine resident accepted by or enrolled in an approved medical school
- Must be pursuing a degree of Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)

#### **Bankruptcy Limitations**

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

More information about loan eligibility, repayment deferral or forbearance options are available in your loan documents.

# **Maine Medical Education Trust**

Application for Financial Assistance

# Deadline May 31, 2023

Last Name		First Nam	First Name		Social Security Number				
Home Address (Permanent	Apt /Unit	City/State/Zip	ite/Zip						
Mailing Address (If Differen	Apt /Unit	City/State/Zip	ate/Zip						
Legal State Residence, def purposes other than educat	If you listed Maine as your legal residence, please provide years of residency ( <i>e.g.,</i> 2000–2022)								
Are you or were you a resid	lent of Aroostook County? (Y/N)	lf yes, ple	If yes, please provide years of residency ( <i>e.g.</i> , 2000–2022)						
Yes									
Home Phone Number	Cell Phone Number	E-mail Ac	E-mail Address						
Date of Birth	Place of Birth	Marital St	atus	ldren					
Ages of Children	Spouse's First Name	Spouse's	Spouse's Occupation						
Parents' Names and Addre	Parents' Names and Addresses								
Parents' Occupations									
Besides yourself, # of childr	Ages	Ages							
MEDICAL SCHOOL II	NFORMATION	ŀ							
Premedical School			Graduation Da	Graduation Date					
Present Medical School			Expected Graduation Da	Expected Graduation Date					
When did/will you enter me	Pursuing MD	Pursuing MD or DO degree?							
Have you attended any other medical schools									
Yes No									
What specialty, if any, have you selected or do you intend to select?									
REFERENCES (Personal or Professional)									
Reference Name	Relationship & Title)	Address			Phone				
1.									
2.									
		•							

# **Maine Medical Education Trust**

Application for Financial Assistance

# Deadline May 31, 2023

APPLICANT INFORMATION									
Social Security Number (last 4 digits only on this page) XXX-XX-	Last Name		First Name		MI	Date of Birth			
EDUCATION HISTORY - E	EDUCATION HISTORY – Elementary through High School Graduation								
School's Name	9	Town	State	Grade Level	(s)	Dates Attended			
EDUCATION HISTORY - L		ate School(s)							
School's Name	e	Town	State	Degree Progr	am	Dates Attended			
EDUCATION HISTORY - 0	Graduate Sc	hool(s)							
School's Name	e	Town	State	Degree Progr	am	Dates Attended			
WORK HISTORY – Include	e Communit	y Service and V	olunteer Wo	rk					
Company/Organizatio	Town	State Dates Worked							
Brief Description of Work		TOWIT	State	From		То			

# **Maine Medical Education Trust**

Application for Financial Assistance

Deadline May 31, 2023

APPLICANT INFORMATION									
Social Security Number (last 4 digits only on this page) XXX-XX-	Last Nam	e	Fi	rst Name MI		Date of Birth			
MEDICAL SCHOOL BUDGET									
Complete the following Household Resource and Expense Sheet. If married, figures should be those for entire family group, unless spouse is a medical student, in which case two separate forms must be used.									
RESOURCES				EXPENSES					
Earnings during summer 2023		\$		Tuition and Fees			\$		
Earnings during school year 202	23-24	\$		Housing			\$		
Loans from other than MMET (specify):				Board			\$		
Federal loan:		\$		Essential books & supplies.					
Specify loan:		\$		Specify expense:			\$		
Scholarships \$			Specify expense:			\$			
Government Aid (GI Bill, etc.)		\$		Taxes, Insurance & other fixed expenses		\$			
Assistance from Relatives		\$		Travel, entertainment, etc.		\$			
Assistance from Spouse		\$		Other expenses not listed above (specify)					
Savings not listed above		\$		Specify expense:		\$			
Loans without interest		\$		Specify expense:			\$		
Aid in kind (free room, board, et	c.)	\$		Specify expense:			\$		
Other resources (specify)		\$		Specify expense:			\$		
TOTAL RESOURCES:		\$		TOTAL EXPENSES:			\$		

Estimated need of loan from Maine Medical Education Trust for 2023-2024 academic year. Specific dollar amount must be indicated. Annual award amounts are based on the Trust's available funding and could be less than the amount requested.

\$

Disbursement Information: The check is mailed to you. Provide mailing address for your fall disbursement.

## **Supplemental Information**

How did you hear about this loan?

# Signature

By signing below, I understand that the proceeds of this loan must be used for post-secondary medical educational expenses. I agree to be enrolled into the Maine Medical Association and American Medical Association as part of this application. The burden will be on me to provide I meet the definition of Maine resident for purposes of this program. I understand additional documentation must be provided upon request and eligibility is approved on a case-by-case basis.

Signature of Applicant