



PROGRAM ELIGIBILITY INFORMATION

The Maine Dental Education Loan Repayment Program provides loan repayment assistance for dentists and certain dental auxiliary health professionals practicing general dentistry or dental auxiliary services full-time in a dental health professional shortage area or medically underserved population areas in the state of Maine. In addition to submitting FAME's application and required documentation, dentists or dental auxiliary professionals must:

- Be licensed or eligible for licensure to practice as a dentist or provide dental auxiliary services as a dental hygienist, dental therapist, expanded function dental assistant, or dental assistant in the state of Maine;
- Have qualifying outstanding education loans, including loans for dental education or programs of study from any accredited school for dental hygienists, dental therapist, expanded function dental assistants, or dental assistants;
- Must be able to document employment at, or establishment of, a qualifying dental care facility (a qualifying dental care facility: serves at least 25% of patients regardless of ability to pay through insurance or other payment sources, accepts payment terms of MaineCare or a successor program, and provides patients notice that they accept payment through MaineCare or a successor program);
- Not be under an agreement for loan repayment from a program funded by the National Health Service Corps;
- If the dentist or dental auxiliary health professional fails to comply with the contract, the dentist or dental auxiliary health professional shall be liable to repay to the Authority the amount paid by the Authority to the loan holder on behalf of the dental professional under the agreement.

The maximum annual award amount is \$25,000 for recipients receiving a first loan repayment agreement after January 1, 2020.

This program is governed by Maine law as set forth in 20-A M.R.S.A. §12301 et seq. and Chapter 612 of the Rules of the Finance Authority of Maine.

INSTRUCTIONS AND REQUIREMENTS

Applicants must:

- Complete and submit the Maine Dental Education Loan Repayment Application
- Include a completed Employment Verification
- Provide proof of education loans attributable to dental program - including servicer name, address, and current balance
- Include a copy of your official transcript from your dental education program

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.

In addition, applicants may be requested to participate in an interview. If applicable, you will be contacted to schedule an interview date.

APPLICATION CHECKLIST

- ☐ Maine Dental Education Loan Repayment Application
- ☐ Employment Verification
- ☐ Documentation of all dental education loans
- ☐ Official transcript from dental education program



**Maine Dental Education Loan
Repayment Program**
2026-2027 Application
Priority Deadline: June 1, 2026

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	Daytime/Cell Phone Number	Email Address		

QUALIFYING INFORMATION

Type of License:	Are you currently practicing under a contract with the National Health Service Corps?		
Effective Date of License (MM/YYYY)	No ____ Yes ____ If yes, what is the end date of the contract ____ (MM/DD/YYYY)		
Facility Name/Employer		Facility Phone Number	
Total Outstanding Education Loan Balance	Total Loan Monthly Payment	Anticipated Date of Last Loan Payment	

Please provide information for the loan to which you would like the repayment funds applied if selected as a recipient.

Loan Type	Loan/Service Name, Address, and Phone Number
Loan Account Number	
Estimated Payoff Amount	



Maine Dental Education Loan Repayment Program

2026-2027 Application
Priority Deadline: June 1, 2026

APPLICANT INFORMATION

Social Security Number (last 4 digits) XXX-XX-	Last Name	First Name	MI	Date of Birth
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RELEASE AUTHORIZATION – Required

I authorize my employer to provide the employment information requested below by the Finance Authority of Maine (FAME) to support my application for the Maine Dental Education Loan Repayment Program.

Facility Official Name/Employer	Facility Physical Address
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Signature of Applicant	Date
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EMPLOYMENT VERIFICATION – To be completed by employer

The employer must provide the following information.

Date of Hire	Is this individual employed at least 40 hours over at least 4 days per week? <input type="checkbox"/> YES <input type="checkbox"/> NO
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The employing dental care facility certifies that they:

Yes ____ No ____ Accept at least 25% of patients regardless of ability to pay through insurance or other payment source;

Yes ____ No ____ Accept payment through MaineCare or a successor program;

Yes ____ No ____ Provide patients notice that they accept payment through MaineCare or a successor program.

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Authorized Official	Date	
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Printed Name of Authorized Official	Title	Telephone Number
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Email Address

FINANCE AUTHORITY OF MAINE PRIVACY POLICY

FACTS	WHAT DOES THE FINANCE AUTHORITY OF MAINE (“FAME”) DO WITH YOUR PERSONAL INFORMATION
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • First name and last name • Date of birth • Date of death • Hospital of birth • Mailing address • Birth mother’s name, address, email address, and/or phone number • Mobile phone number • Email address • Social security number, Tax ID number or EIN • Employment information (including company name, address, and start date) • General financial information (such as annual income and household net worth) • Financial statements reflecting assets, income, and liabilities; tax returns • Account balances, contribution amounts, investments, and payment history • Credit history and credit scores • FAFSA filing status and information provided on or related to your FAFSA • Information about educational institutions you do or may attend • Information on race and/or gender that you may provide.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons FAME chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does FAME share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus or government agencies.	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes - information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes - information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For non-affiliates to market to you	Yes	Yes

CONTINUED ON NEXT PAGE

To limit our sharing	<ul style="list-style-type: none"> Visit us online: Famemaine.com/privacyoptout OR Mail the form at the end of the privacy notice on the FAME website <p>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
Questions?	info@famemaine.com

Who we are	
Who is providing this notice?	This notice is provided by The Finance Authority of Maine (FAME)
What we do	
How does FAME protect my personal information?	To protect your information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does FAME collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> give us your contact information give us your information for the purpose of enrolling in a college savings account apply to open a college savings account give us your information for the purpose of obtaining or refinancing a loan, grant, tax credit or loan repayment award seek advice from us <p>We also collect your personal information from others, such as credit bureaus, affiliates, public or government records, or other companies, including the Alford Scholarship Foundation, Vestwell State Savings, LLC, Merrill Lynch, Pierce, Fenner & Smith, Inc. ("Merrill"), The Bank of New York Mellon, certain lending institutions, and certain educational institutions.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> sharing for affiliates' everyday business purposes - information about your creditworthiness affiliates from using your information to market to you sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account-unless you tell us otherwise.

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> Our affiliates include FAME Leaders, Inc., and FAME Opportunities, Inc.
Non-affiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> Non-affiliates we may share personal information with include: Merrill Lynch, Pierce, Fenner & Smith, Inc. ("Merrill"), Vestwell State Savings, LLC, The Bank of New York Mellon, the Alford Scholarship Foundation, certain lending institutions, certain educational institutions, state or federal government agencies.
Joint marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you.

Other important information
Information for California, North Dakota, and Vermont Residents: In response to applicable state law, if the mailing address provided for your account is in California, North Dakota, or Vermont, we will automatically treat your account as if you do not want us to disclose your personal information to non-affiliated third parties for purposes of them marketing to you, except as permitted by the applicable state law.

☐ I acknowledge that I have read and understood the FAME privacy policy provided here.



Maine Dental Education Loan Repayment Program 2026-2027 Application Priority Deadline: June 1, 2026

APPLICANT INFORMATION

Social Security Number (last 4 digits only on this page) XXX-XX-	Last Name	First Name	MI	Date of Birth
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AUTHORIZATIONS (OPTIONAL)

You can authorize a person or persons whom you trust to contact FAME to ask about the status of your application. You may list up to three (3) people below, indicating their name and relationship to you. You are not required to authorize someone to discuss your application with FAME.

First Name	Last Name	Relationship to Applicant	Email or Phone Number

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

Signature of Applicant	Date
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How did you hear about this program?

APPLICANT'S CERTIFICATION AND SIGNATURE

I hereby certify that all the information set forth on this application, and all materials submitted therewith (collectively, "my information"), is true, correct and complete. I authorize FAME to share my information with FAME's selection committee for the program for which I am applying for purposes of processing my application.

I understand that any loan repayment I receive, if selected, will be paid directly to the loan holder.

If I fail to comply with the contract, I shall be liable to repay to the Authority the amount paid by the Authority to the loan holder on my behalf.

Signature of Applicant	Date
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